

Missouri Department of Corrections



Strategic Plan Fiscal Year 2006

Missouri Department of Corrections Executive Summary

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VISION

“In partnership with all Missourians, we create safer communities through a balanced correctional system of prison and community based sanctions.”

MISSION

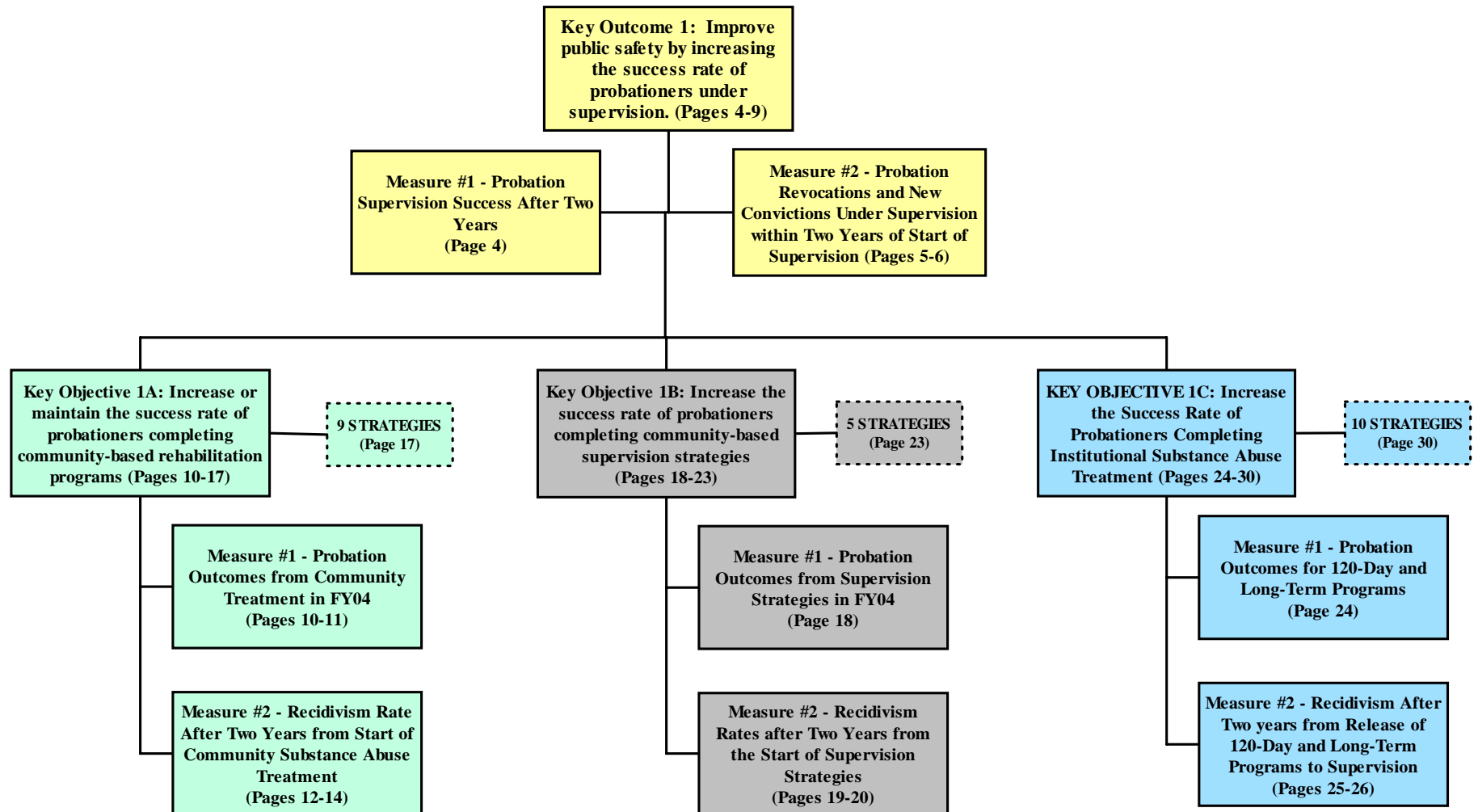
The Department of Corrections with victims, communities and state and local governments improves public safety through secure confinement and effective community interventions. Through our cooperative efforts to provide effective correctional services, we hold offenders accountable for their behavior and prepare them to be productive citizens.

VALUES

We believe:

- That public trust is enhanced when staff abide by the laws and adhere to the highest level of ethical and moral behavior;
- In the continuous pursuit of organizational excellence;
- That all persons should be treated respectfully, fairly, honestly and with dignity;
- In the empowerment of all staff to perform their job responsibly;
- That our actions affect the safety and security of everyone; public trust and public confidence are enhanced by our professional and personal conduct and, our actions influence the public’s opinion of our organization;
- In the power of teamwork;
- That all individuals must be accountable for their actions;
- In the importance of looking for similarities while also accepting and respecting the differences in people;
- That effective and open communications at all levels is essential;
- In the continuous development of staff.

KEY OUTCOME 1

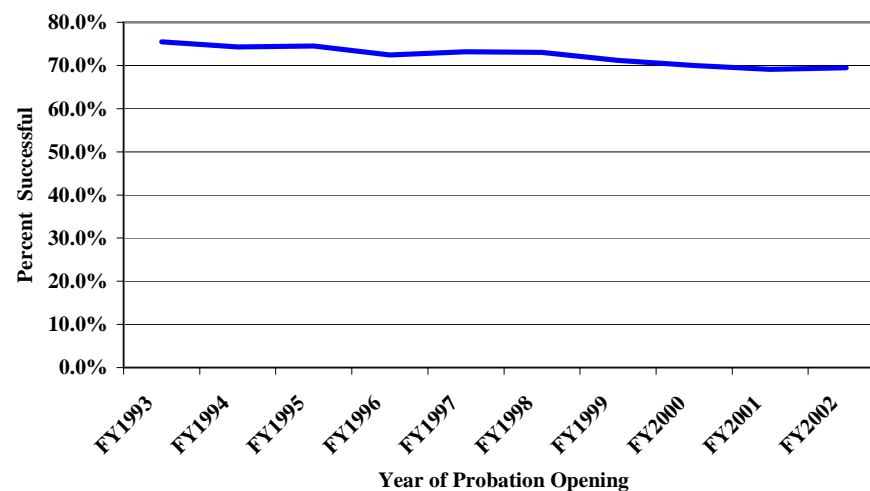


Key Outcome 1: Improve public safety by increasing the success rate of probationers under supervision.

Missouri measures the success of probationers with two measures as follows:

Measure #1

**Probation Supervision Success After Two Years
Case Openings FY93-FY02 & Outcome up to April 30, 2004**



Data Table for Measure #1

Probation Supervision Success After Two Years

(Case Openings FY93-FY02 & Outcome up to April 30, 2004)

	Year of Probation Opening									
	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002
New Probations	13,525	14,000	15,894	17,185	18,576	19,463	19,411	18,197	18,291	15,727
Percent successfully completed probation or under active supervision	75.5%	74.3%	74.5%	72.4%	73.2%	73.1%	71.2%	70.0%	69.1%	69.4%

NOTE: Data is not included for FY03 or FY04, as probationers with cases opened in those two fiscal years have not yet been supervised for a two-year period.

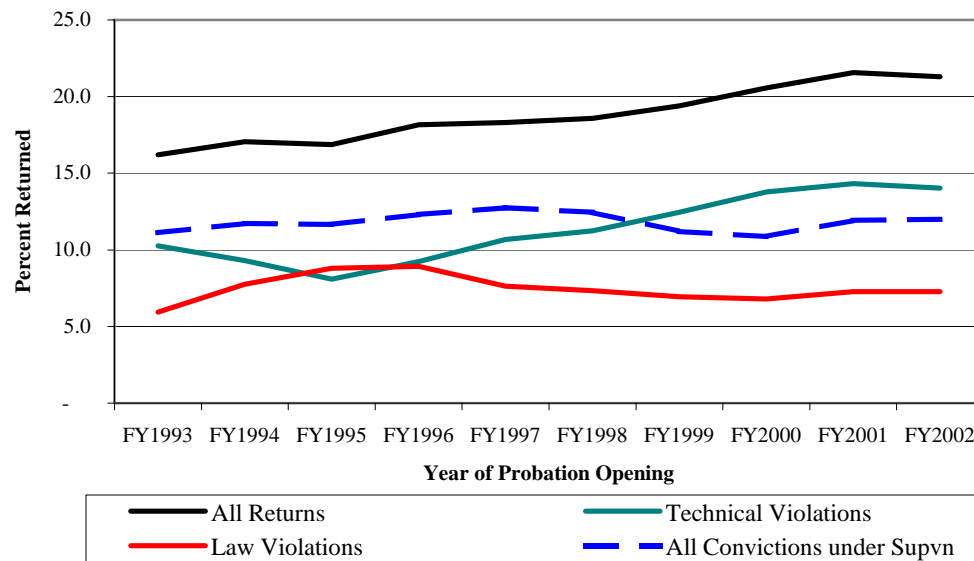
Description of Measure #1

Percent Successfully Completed Probation or Under Active Supervision: The percent of probationers who successfully complete their supervision or are under active supervision two years from the start of the supervision without an incarceration. Probationers include offenders sentenced by the courts to probation, including drug courts (pre-sentencing diversion) and offenders sentenced to institutional shock or treatment programs and successfully released to probation after completing the program. This measure does not include all probations, only new probations. An offender revoked from probation, sentenced to a 120-day program and successfully released to probation will only be counted once.

NOTE: The Department has chosen to use a two-year rate because the measure provides an accurate indicator of supervision success within a relatively short time of the start of probation. Although the period immediately following the start of probation is often the time when the chance of failure is greatest, supervision success is a cumulative measure and continues to decrease until the sentence is complete.

Measure #2

**Probation Revocations and New Convictions Under Supervision within
Two Years of the Start of Probation
Case Openings FY93-FY02 and Returns to April 30, 2004**



Data Table for Measure #2**Probation Revocations and New Convictions within Two Years of the Start of Supervision, Case Openings FY93-FY02 and returns to April 30, 2004****Percent Incarcerated and Percent with New Conviction within Two Years of the start of Probation**

Fiscal Year	New Probations	Percent Incarcerated			All Convictions under Supvn
		All Returns	Technical Violations	Law Violations	
FY1993	13,525	16.2	10.3	5.9	11.1
FY1994	14,000	17.1	9.3	7.8	11.7
FY1995	15,894	16.9	8.1	8.8	11.7
FY1996	17,185	18.2	9.2	8.9	12.3
FY1997	18,576	18.3	10.7	7.6	12.8
FY1998	19,463	18.6	11.3	7.3	12.5
FY1999	19,411	19.4	12.5	6.9	11.2
FY2000	18,197	20.6	13.8	6.8	10.9
FY2001	18,291	21.6	14.3	7.3	11.9
FY2002	18,891	21.3	14.0	7.3	12.0
FY2003	19,983	Supervision Time less than 2 years			
FY2004	14,797	Supervision Time less than 2 years			

Description of Measure #2

Percent incarcerated and/or convicted of a new offense within two years of the start of probation: The percent of probationers who are incarcerated for a law or technical violation of supervision or who are convicted of a new offense while under supervision within two years of the start of the probation. Probationers convicted of misdemeanor offenses and later convicted of a new misdemeanor offense cannot by law be incarcerated by the Department of Corrections. They can, however, have their probation revoked and be sent to jail or have their probation extended.

NOTE: See note in the section for Description of Measure #1.

Data Source for Measures #1 and #2

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.]

Why These Measures Are Important

- 1. Measure #1 – Probation Supervision Success After Two Years:** The Missouri Department of Corrections measures public safety based on whether offenders who have been placed on probation successfully complete their period of supervision or violate the conditions of supervision.
- 2. Measure #2 – Probation Revocations and New Convictions within Two Years of the Start of Supervision:** It is particularly important that offenders do not commit new offenses while under supervision. This measure indicates how effectively the department uses probation to affect the behavior of offenders.

Trend Analysis

The numbers in measures #1 and #2 do not add up to 100%, because some probationers are on absconder status and are not reflected in the charts.

- 1. Measure #1 – Probation Supervision Success After Two Years:** The decline in supervision success over the last ten years, from 76% in FY 1993 to 69% in FY 2003, is attributed to an increase in the rate of technical revocations. This is explained in the trend analysis for Measure #2.
- 2. Measure #2 – Probation Revocations and New Convictions within Two Years of the Start of Supervision:** Many probationers have a substance abuse problem that results in a technical revocation of the probation. In FY03, 37% of probationers revoked for a technical violation were placed in an institutional treatment center to complete a 120-day drug treatment program and another 17% were placed in other 120-day programs. The percent of probationers convicted of new offenses in the first two years of supervision and the number of probationers revoked for a law violation have remained more or less unchanged over the last ten years.

How Missouri Compares to Others

- 1. Measure #1 – Probation Supervision Success After Two Years:** This measure has no available national comparison. Nationally, Bureau of Justice Statistics collects statistics on probation closings. In 2002, the successful completion rate of all probation closings for the U.S. was 62%. A successful case closing is the discharge of the probation sentence. For Missouri, the percentage of closings that were discharges from probation was 42% in 2002. One reason for the lower Missouri successful closure rate is that the Missouri courts declare a higher number of probationers as absconders, many of whom are later re-instated on supervision without an incarceration. Of the probationers declared absconders in 2002 only 42% were incarcerated on re-instatement. As noted in the trend analysis, Missouri also revokes many probationers to 120-day drug treatment program because of the lack of suitable community substance abuse programs. There are often wide variations in conditions of probation supervision among the states in the U.S. The average successful discharge rate for the eight neighboring states was 52% and the rate varied from a low of 33% for Kentucky to a high of 79% for Arkansas. (*Probation and Parole in the United States, 2002, US Department of Justice, Table 4, Corrections Yearbook and DOC data*). National statistics indicate a decline in the successful completion rate of probationers from 69% in 1990 to 62% in 2002 (*Probation and Parole in the United States, 2001 & 2002, US Department of Justice, Table 4*).
- 2. Measure #2 – Probation Revocations and New Convictions within Two Years of the Start of Supervision:** There is no available national comparison for this measure but the national comparison for measure 1 also applies for this measure.

Factors Influencing the Measures

1. Measure #1 – Probation Supervision Success After Two Years:

- a. The availability of sufficient community program resources affects positive and long-lasting change in offender behavior.
- b. Offenders placed on probation have education deficits, poor job skills and substance abuse problems that contribute to criminal behavior.
- c. If more drug, alcohol and other mental health programs existed in the community, fewer offenders would need to be sent to prison for treatment.
- d. The type of offenders under supervision has shifted significantly over the past 10 years. Since 1990, the percentage of more serious felony offenders under supervision has increased from 54% to 90%, while the percentage of less serious misdemeanor offenders under supervision has decreased from 46% to 10%.

2. Measure #2 – Probation Revocations and New Convictions within Two Years of the Start of Supervision:

- a. To protect public safety, probation and parole officers issue warrants and recommend revocation based on evidence of new law violations, high-risk behaviors and chronic non-compliance with supervision requirements.
- b. Many offenders are placed on probation with deficits in education, poor job skills and with substance abuse and behavior problems. These deficits need to be addressed while they are under supervision. Until these deficits are rectified offenders remain at risk of returning to criminal behavior.

What Works

- Providing substance abuse treatment. Offenders who successfully complete treatment and are able to maintain sustained sobriety are more likely not to incur new law violations equating to a higher rate of success.
- Providing assistance in job acquisition and retention. Offenders who obtain and maintain employment are more likely not to incur new law violations as compared to other offenders.
- Analytical studies conducted on correctional treatment research in 1990 and 1995 concluded treatment programs achieved a 25 to 30 percent reduction in recidivism of participants when those programs also shared key components including:
 - Cognitive, behavioral and social learning
 - A highly structured program design
 - A focus on criminal attitudes, values and actions
 - Conducted in concert with other needed treatment
- Focusing existing state and community based resources on offenders at the greatest risk of revocation. Developing inter-agency strategies to meet these needs should reduce probation revocations.
- Efforts to impact the offenders' behavior and to minimize the difference between the growth of technical violations and the reduction of law violations.
- Determining what intervention/program works best for which offender to have the greatest positive impact on recidivism.

Concerns

Community-based programs are the easiest things to reduce during budget shortfalls. Reducing these resources will diminish opportunities to affect changes in criminal behavior and will increase the rate of revocations.

Other Sources of Information

The 2002 Corrections Yearbook – Adult Corrections published by Criminal Justice Institute, Inc.

Bureau of Justice Statistics: Criminal Justice Institute, Inc. 213 Court Street, Suite 606, Middletown, CT 06457, www.cji-inc.com

Objective 1A: Increase or maintain the success rate of probationers completing community-based rehabilitation programs as follows:

ALT Care: Increase from 24.9% to 30% by FY06

Free & Clean: Increase from 45.2% to 50% by FY06

Opportunity to Succeed: Maintain success rate of 64.7% in FY06

Drug Courts *: Maintain success rate of 67.3% by FY06

Outpatient Treatment: Increase from 58.9% to 65% by FY06

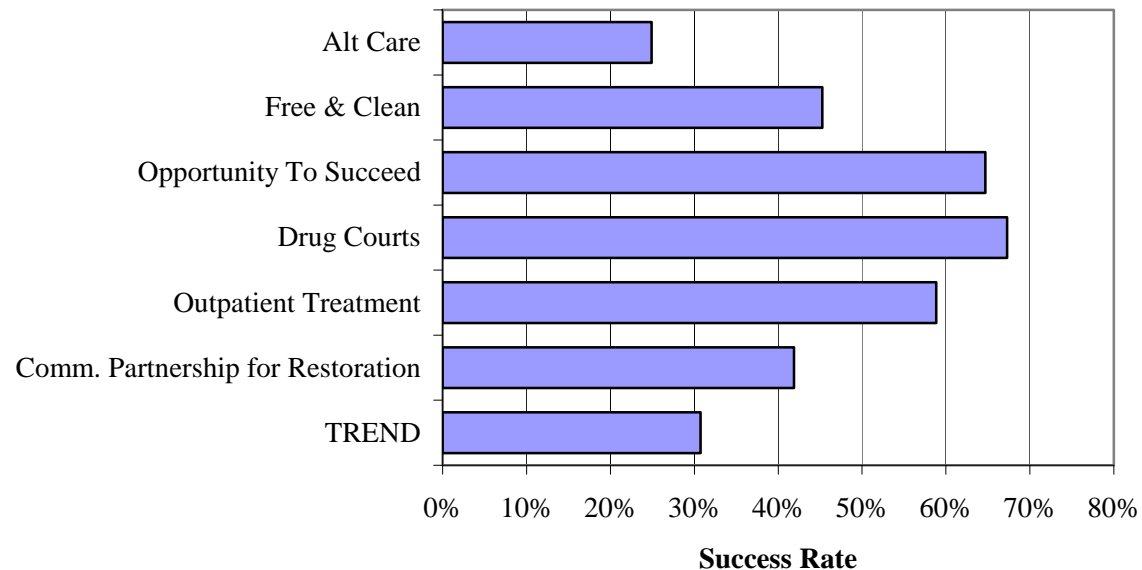
Community Partnership for Restoration: Increase from 41.9% to 50% by FY06

TREND: Increase from 30.7% to 40% by FY06

* The Office of the State Courts Administrator manages Drug Courts

Measure #1

**Probationer Outcomes from Community Rehabilitation Programs in
FY04 (to April 30, 2004)**



Data Table for Measure #1**Probationer Outcomes from Community Rehabilitation Programs in FY04 (to April 30)**

<i>Treatment Programs</i>	Successful Completion	Failures	Transfers	Total Exits	Success Rate*
Alt Care	73	220	2	295	24.9%
Free & Clean	152	184	6	342	45.2%
Opportunity To Succeed	44	24	1	69	64.7%
Drug Courts	742	361	47	1,150	67.3%
Outpatient Treatment	319	223	27	569	58.9%
Comm. Partnership for Restoration	44	61	44	149	41.9%
TREND	110	248	-	358	30.7%
Total Treatment Programs	1,484	1,321	127	2,932	52.9%

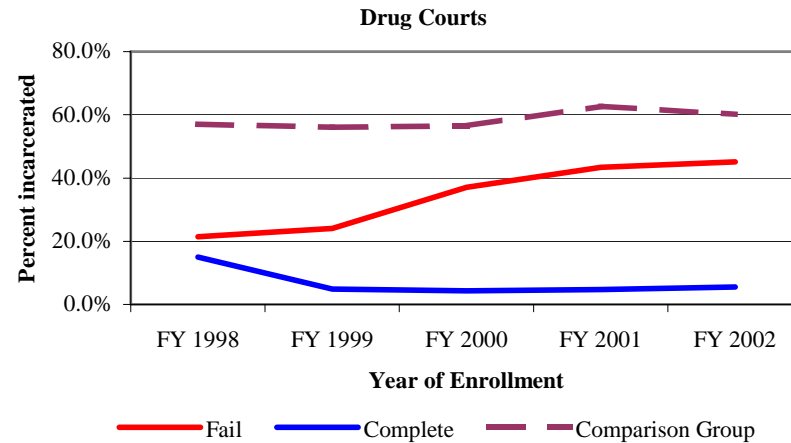
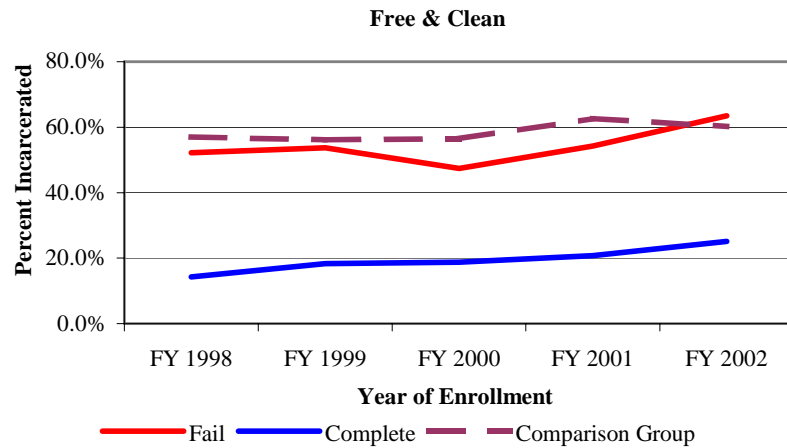
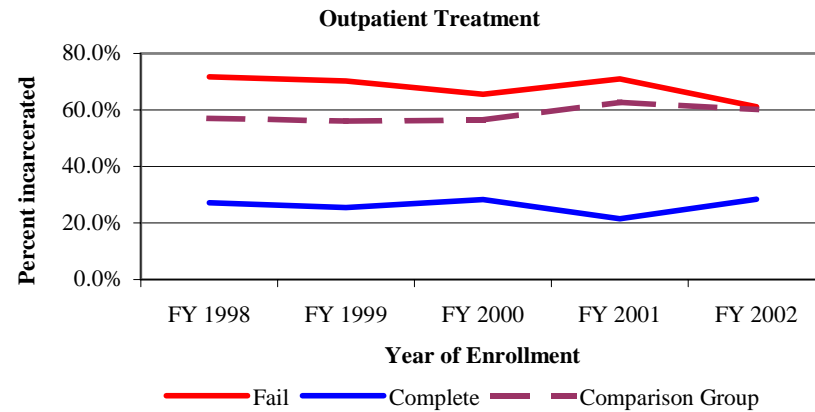
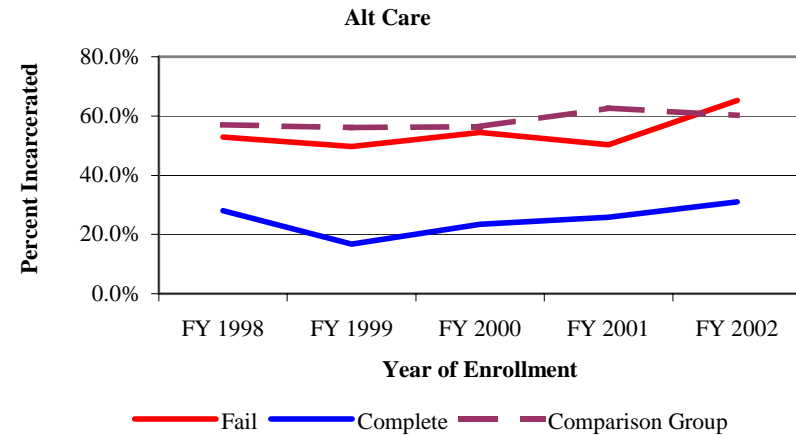
* Success rate is successful completion/(successful completion + failures)

Description of Measure #1

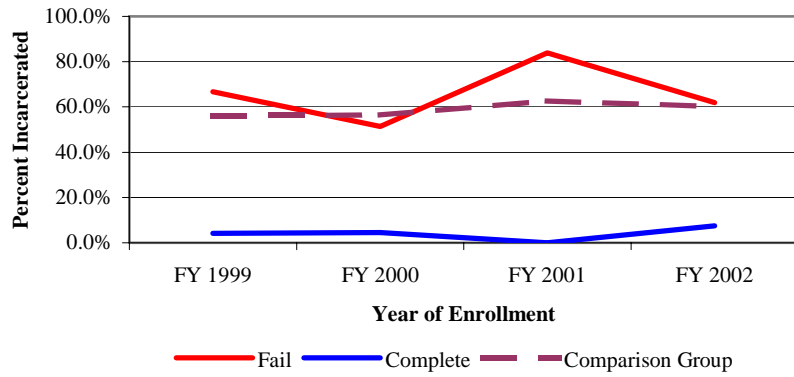
The success rate for each program is the percentage of probationers who successfully complete a community-based rehabilitation program in FY04. The calculation of success rates exclude probationers who were transferred to other programs or to other probation districts.

Measure #2

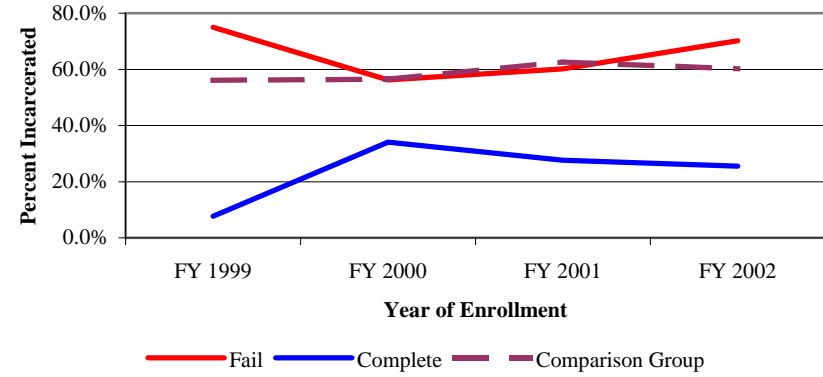
Recidivism Rates after Two Years from the Start of Community Substance Abuse Treatment
Recidivism rates by probationers who successfully complete treatment compared to the rates of probationers who fail and the recidivism rates of all probationers with a substance abuse problem (comparison group).



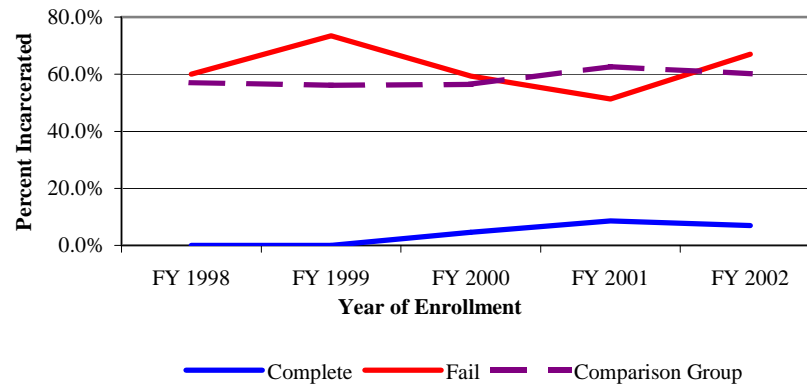
Opportunity to Succeed (OPTS)



TREND



Community Partnership for Restoration



Data Tables for Measure #2

Two Year Recidivism Rates for Probationer Substance Abuse Treatment Programs

By Program Outcome

(Program Exits FY 1998-FY 2002 and position upto April 30, 2004)

Fiscal Year	Alt Care		Free & Clean		Outpatient Treatment		Drug Courts		Comm. Partnership for Restoration		OPTS		TREND		All Treatment pgms		Comparison Group of Sub. Abusers
	Complete	Fail	Complete	Fail	Complete	Fail	Complete	Fail	Complete	Fail	Complete	Fail	Complete	Fail	Complete	Fail	
Program Enrollments																	
FY 1998	53	123	77	136	70	46	173	140	-	5	11	22			384	472	NA
FY 1999	227	193	278	231	342	249	329	495	21	64	24	18	13	60	1,234	1,310	NA
FY 2000	248	239	267	249	436	328	565	397	65	86	22	37	50	112	1,653	1,448	NA
FY 2001	330	137	279	236	465	276	736	487	70	80	33	31	65	88	1,978	1,335	NA
FY 2002	153	300	247	222	546	303	726	479	43	85	66	42	43	47	1,824	1,478	NA
Percent Incarcerated																	
FY 1998	28.0%	52.9%	14.3%	52.2%	27.1%	71.7%	15.0%	21.4%	0.0%	60.0%	0.0%	45.5%			21%	52%	57.0%
FY 1999	16.7%	49.7%	18.4%	53.7%	25.4%	70.3%	4.9%	24.0%	0.0%	73.4%	4.2%	66.7%	7.7%	75.0%	11%	59%	56.1%
FY 2000	23.4%	54.4%	18.7%	47.4%	28.2%	65.6%	4.3%	37.0%	4.6%	59.3%	4.6%	51.4%	34.0%	56.3%	17%	53%	56.5%
FY 2001	25.8%	50.4%	20.8%	54.2%	21.5%	71.0%	4.8%	43.3%	8.6%	51.3%	0.0%	83.9%	27.7%	60.2%	16%	59%	62.7%
FY 2002	31.0%	65.3%	25.1%	63.5%	28.4%	61.1%	5.5%	45.1%	7.0%	67.1%	7.6%	61.9%	25.6%	70.2%	19%	62%	60.2%

Description for Measure #2

The recidivism rate for probationers who successfully complete community-based substance abuse treatment is the number of probationers incarcerated within two years of program enrollment divided by the number of probationers who successfully complete treatment. The recidivism rate for treatment failures is similarly computed. The recidivism rate for all probationers with a substance abuse problem is the number of probationers incarcerated within two years of the start of supervision divided by the number of probationers who began probation. A substance abuse problem is either the known use of a controlled substance within the last six months of the first assessment or a positive substance abuse score from the department's substance abuse assessment (See Glossary terms- Risk/Needs Assessment and the SACA, or Substance Abuse Classification Assessment).

Data Source for Measures #1 and #2

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.]

Why These Measures are Important

Since probationers placed in these programs are at high risk to fail under community supervision, success rates with this population directly impact incarceration rates and public safety.

1. Measure #1 – Probation Outcomes from Community Treatment in FY04: When a probationer successfully completes community-based treatment:

- Fewer new crimes are committed.
- Less cost is incurred than with incarceration.
- Probationer productivity is increased.
- Probationers' success under supervision is improved.

Source: There have been many studies that support the above gains from drug treatment. One such study is The Cost and Benefits of Substance Abuse Treatment: Findings from the National Treatment Improvement Evaluation Study by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, August 1999. The study calculated that the treatment benefit to society represents a cost avoidance of \$9,177 per offender compared to the costs of future incarceration.

2. **Measure #2 – Recidivism Rate After Two Years:** The majority of the programs provide substance abuse treatment but some programs also provide counseling, basic education classes, employment preparation, and mental health programs, such as anger management.

Trend Analysis

1. Measure #1 – Probation Outcomes from Community Treatment in FY04:

- a. Nearly one third of all Missouri offenders under supervision by the Board of Probation & Parole have been convicted of a drug offense. The Department of Corrections estimates that 75% of offenders in Missouri need substance abuse services.
- b. The overall success rates for the rehabilitation programs have averaged about 53% over the last five years. Some of the programs have had more high-risk probationers placed in them and the success rate has declined. The success rates of the drug courts have increased and the number of probationers successfully completing the programs has increased from 411 in FY2000 to 876 in FY2003 (113% increase) with the expansion of the drug court program. The Office of the State Courts Administrator administers the drug courts but probationers are supervised by the Department of Corrections.

Data Table for Trend Analysis for Measure #1

	Program Success Rate					Targets	
	FY00	FY01	FY02	FY03	FY04	FY05	FY06
Alt Care	52.7	75.3	27.9	21.5	24.9	27	30
Free & Clean	52.0	54.0	58.3	46.8	45.2	48	50
Opportunity To Succeed	38.8	50.9	62.2	50.0	64.7	65	65
Drug Courts	56.8	55.7	58.4	63.5	67.3	67	67
Outpatient Treatment	58.6	64.6	65.7	63.2	58.9	62	65
Comm. Partnership for Restoration	43.4	44.9	33.6	48.1	41.9	46	50
TREND	31.9	46.5	39.1	46.5	30.7	35	40
All Treatment Programs	53.1	57.9	53.4	52.9	52.8		

2. Measure #2 – Recidivism Rate After Two Years:

- a. The average difference in the two-year recidivism rate between the offenders who are successful under supervision and those who fail and are re-incarcerated was 46% for all the treatment enrollments in FY02. The difference has been maintained throughout the trend period. The difference in recidivism between the completers and the comparison group is also consistent over the trend period, averaging 42%.
- b. The drug courts have had the greatest impact on recidivism.

How Missouri Compares with Others

- 1. Measure #1 – Probation Outcomes from Community Treatment in FY04:** There are no national statistics comparing success rates of community-based rehabilitation programs from state to state.
- 2. Measure #2 – Recidivism Rate After Two Years:** There are no national statistics that calculate recidivism on a consistent basis.

Factors Influencing the Measure

- 1. Measure #1 – Probation Outcomes from Community Treatment in FY04:** Placement of probationers in programs is based upon an assessment of the probationer's prior criminal history and behavior while under supervision. Activity monitored by probation and parole officers includes substance abuse, sobriety, domestic, medical, or mental health problems and whether the probationer is meeting the statutory conditions of probation. Success rates for these programs are somewhat skewed due to the inclusion of probationers who enter into programs in violation status. These probationers have incurred a violation of their supervision prior to entering a program thus, resulting in a lower likelihood of succeeding in the program and increasing the failure rate of the specific program for all probationers.
- 2. Measure #2 – Recidivism Rate After Two Years:** For many probationers who fail the community treatment programs, the only remaining option the department has is to recommend incarceration, providing resources for the probationer in an institutional treatment program.

What Works

- Community-based rehabilitation offered at the point when the probationer is receptive to this type of intervention.
- Accurate and timely assessment is one of the most important factors influencing success in substance abuse treatment programs, resulting in probationers being offered a program of treatment that is matched to their level of need.
- One hundred and twenty-day treatment and long-term treatment are particularly effective when coupled with community-based after-care programs.
- Timely access to outpatient treatment and support groups, i.e. Alcoholics Anonymous/Narcotics Anonymous.
- Cognitive, behavioral and social learning in a highly structured program focused on criminal attitudes, values and actions.
- Collaboration among service agencies strengthens and improves success rates.
- National studies and Missouri's experience indicates that Drug Courts reduce criminal behavior.

Concerns

- Cuts in the FY04 Department of Mental Health budget have made it difficult for the Division of Alcohol & Drug Abuse to meet the Maintenance of Effort (MOE) general revenue-spending requirement for its federal Substance Abuse Prevention and Treatment Block Grant. However, there is a strong possibility of a waiver of this requirement on a one-time basis if certain requirements are met. The Division has worked to meet these requirements but will not be fully confident of the waiver until requirements are measured and met at the end of fiscal year 2005. At that time, a waiver will be requested from the federal government. Consequently, the availability of community-based substance abuse treatment services may remain at the current level unless a waiver is granted or if reductions are made in the FY05 legislative session.
- With three agencies (Courts, Mental Health and Corrections) assigning probationers to treatment, appropriate placement becomes problematic. Each agency uses different criteria for placement and reporting.

- Accurately reporting the number of probationers receiving treatment in the field is a challenge. The Department of Corrections only tracks treatment for which the Department provides resources.
- Although increasing the rate of program completions is an important focus, tracking the impact success in treatment programs has on supervision is critical.
- Availability/accessibility of services at the appropriate level in the community.
- There is a need for improved data analysis on who fails and who succeeds (to improve treatment matching).

Other Sources of Information

The 2002 Corrections Yearbook – Adult Corrections published by Criminal Justice Institute, Inc.

Bureau of Justice Statistics: Criminal Justice Institute, Inc. 213 Court Street, Suite 606, Middletown, CT 06457, www.cji-inc.com

Key Strategies

1. Educate and train field probation and parole staff and supervisors on the dynamics of recovery, relapse prevention, and the importance of continuity of care on an on-going basis.
2. Establish a personalized Transition Accountability Plan (TAP) for all offenders.
3. Improve the efficiency and effectiveness of the violation process to improve offenders' success rates.
4. Assign offenders to appropriate programs based on the characteristics that differentiate those that succeed and fail in different programs and strategies.
5. Establish and support short-term interventions and transition programs for technical probation violations.
6. Work with DMH to revise DMH institutional substance abuse treatment certification standards to place emphasis on discharge planning, transition practices, and successful linkage to community providers for continuity of care.
7. Implement standards of care for mental health and substance abuse professionals working with released offenders and Probation and Parole Officers in the community.
8. Implement a standardized substance abuse screening and assessment protocol for all offenders.
9. Coordinate with the Division of Workforce Development and community-based programs to develop additional employment opportunities for probationers and parolees.

Objective 1B: Increase the success rate of probationers completing community-based supervision strategies as follows:

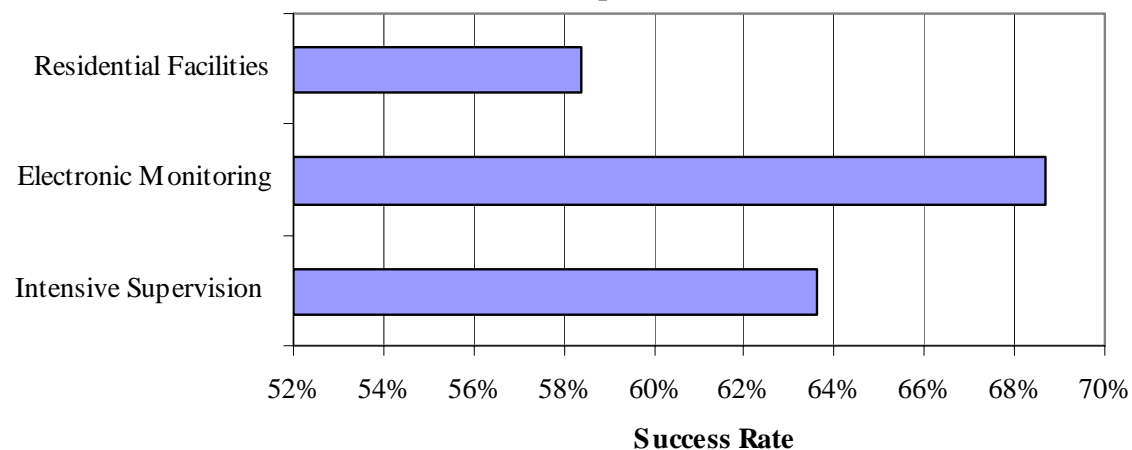
Residential Facilities (Halfway Houses): Increase from 58.4% to 60% by FY06

Electronic Monitoring: Increase from 68.7% to 70% by FY06

Intensive Supervision: Increase from 63.6% to 66% by FY06

Measure #1

**Probationer Outcomes from Supervision Strategies in
FY04 (to April 30, 2004)**



Data Table for Measure #1

Probationer Outcomes from Supervision Strategies in FY04 (to April 30)

<i>Supervision Strategies</i>	Successful Completion	Failed Exit	Transfers	Total Exits	Success Rate*
Residential Facilities	122	87	1	210	58.4%
Electronic Monitoring	1,000	456	57	1,513	68.7%
Intensive Supervision	3,642	2,085	515	6,242	63.6%
Total Supervision Strategies	4,764	2,628	573	7,965	64.4%

* Success rate is successful completion/total exits less transfers

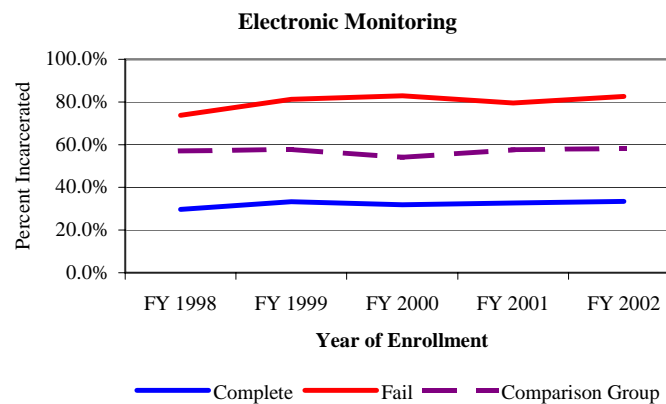
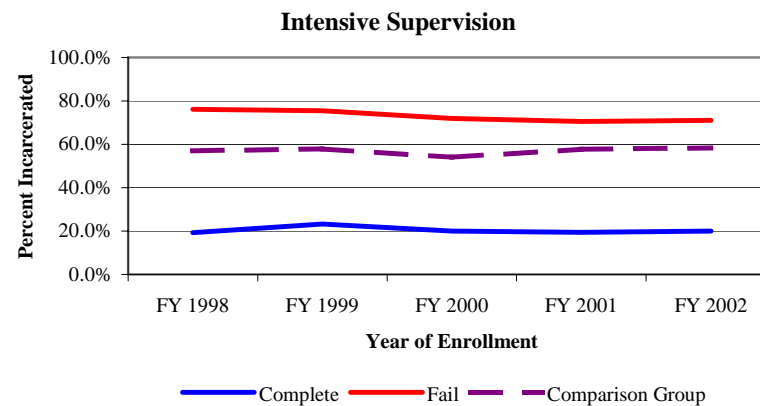
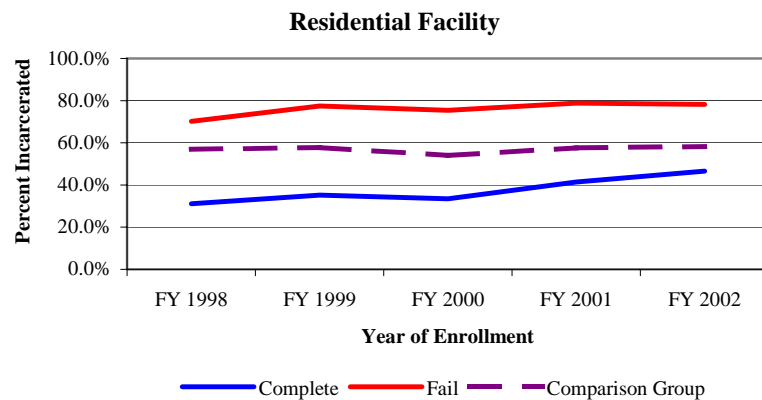
Description of Measure #1

The success rate for each supervision strategy is the percentage of probationers who successfully complete the supervision strategy. The calculations for each strategy excluded probationers who were transferred to other programs or to another district of supervision.

Measure #2

Recidivism Rates after Two Years from the Start of Supervision Strategies

Recidivism rates of probationers who successfully complete supervision strategies compared to the rates of probationers who fail and the recidivism rates of all probationers who begin supervision with a high-risk assessment (comparison group).



Data Table for Measure #2

Two Year Recidivism Rates for Probationer Supervision Strategies

By Supervision Outcome

(Supervision Exits FY 1998-FY 2002 and position upto April 30, 2004)

Program Exit	Residential Facility		Electronic Monitoring		Intensive Supervision		All Supervision Strategies		High Risk Comparison Group
	Complete	Fail	Complete	Fail	Complete	Fail	Complete	Fail	
<i>Program Enrollments</i>									
FY 1998	32	80	174	180	205	542	411	802	NA
FY 1999	284	669	411	392	1,110	1,996	1,805	3,057	NA
FY 2000	315	745	453	492	1,217	3,450	1,985	4,687	NA
FY 2001	445	816	748	819	1,367	3,630	2,560	5,265	NA
FY 2002	346	444	824	873	1,206	3,123	2,376	4,440	NA
<i>Percent Incarcerated</i>									
FY 1998	31.1%	70.2%	29.6%	73.8%	19.4%	76.2%	26.7%	73.4%	57.0%
FY 1999	35.2%	77.5%	33.3%	81.3%	23.3%	75.4%	30.6%	78.1%	57.8%
FY 2000	33.5%	75.5%	31.9%	82.8%	20.0%	71.9%	28.5%	76.7%	54.0%
FY 2001	41.4%	78.8%	32.7%	79.6%	19.4%	70.5%	31.2%	76.3%	57.7%
FY 2002	46.6%	78.3%	33.5%	82.5%	20.0%	71.1%	33.3%	77.3%	58.3%

Description for Measure #2

The recidivism rate for probationers who successfully completed a community supervision strategy is the number of probationers incarcerated within two years of the start of the supervision strategy divided by the number of probationers placed in a supervision strategy. The recidivism rate for supervision failures is similarly computed. The recidivism rate of the comparison group is the percentage of high-risk probationers incarcerated within two years of the start of supervision. High risk is measured at the start of supervision using the Risk/Need assessment (see Glossary).

Data Source for Measures #1 and #2

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.]

Why These Measures are Important

These supervision strategies are intended for probationers considered to have a high risk of re-offending or violating the conditions of supervision. A timely intervention can avoid or delay a period of incarceration or a new offense. Effective use of these supervision strategies enhances public safety by closely monitoring probationer activity. Timely interventions with these supervision strategies can prevent the use of incarceration and save taxpayer dollars.

- 1. Measure #1 – Probation Outcomes from Supervision Strategies in FY04:** Successful performance while under supervision strategies means that the probationer avoids committing new crimes, complies with the conditions of probation and the probationer is not incarcerated.
- 2. Measure #2 – Recidivism Rates after Two Years from the Start of Supervision Strategies:** The recidivism rate indicates how effective supervision strategies are at avoiding or deferring the incarceration of high-risk probationers. The comparison measure can be either the recidivism rate of the probationers who fail supervision strategies or the incarceration of all probationers who are considered to be high-risk at the commencement of supervision. The very large difference in recidivism rates indicate the importance the strategies have in keeping probationers under supervision and in compliance with the conditions of probation.

Trend Analysis

- 1. Measure #1 – Probation Outcomes from Supervision Strategies in FY04:** The average success rate of all supervision strategies has increased over the last five years by about 7%. These supervision strategies are intended for high risk/need probationers scoring high on the Supervision risk/need assessment scale (see glossary). This trend is the result of policy changes requiring probationers' participation and length of stay to be directly linked to an individualized supervision plan, rather than a predetermined length of stay.

Data Table for Trend Analysis for Measure #1

	Strategy Success Rate					Targets	
	FY00	FY01	FY02	FY03	FY04	FY05	FY06
Residential Facilities	48.0	50.6	59.8	54.7	58.4	59	60
Electronic Monitoring	68.5	69.8	68.2	69.7	68.7	69	70
Intensive Supervision	57.4	58.6	58.9	59.1	63.6	65	66
All Supervision Strategies	57.5	59.6	60.4	60.8	64.3		

- 2. Measure #2 – Recidivism Rates after Two Years from the Start of Supervision Strategies:** Offenders who complete supervision strategies are more likely to complete their supervision period successfully. The difference in recidivism (refer to Data Table for Measure #2) between offenders, who are successful, compared to those who fail one of the supervision strategies, is significant (77.3% versus 33.3%). There has been an increase in recidivism by all offenders enrolled in these strategies during the trend period. In FY98 the recidivism of offenders completing the strategies was 26.7% after two years while for offenders enrolled in FY02 the recidivism was 33.3%. Offenders who are successful in the intensive supervision strategy have the lowest recidivism.

How Missouri Compares with Others

- 1. Measure #1 – Probation Outcomes from Supervision Strategies in FY04:** There are no national statistics comparing success rates of these strategies from state to state. (*Note: No neighboring states found to have these supervision strategies*).
- 2. Measure #2 – Recidivism Rates after Two Years from the Start of Supervision Strategies:** There are no national statistics comparing success rates of these strategies from state to state.

Factors Influencing these Measures

- Since there is a new contract awarded for electronic monitoring, there may be an impact on the number of probationers participating in this strategy.
- Success rates for these programs are somewhat skewed due to the inclusion of probationers who enter into programs in violation status. These probationers have incurred a violation of their supervision prior to entering a program, resulting in a lower likelihood of succeeding the program, increasing the failure rate of the specific program for all probationers.

What Works

- Community-based rehabilitation offered at the point when the probationer is receptive to this type of intervention.
- Accurate and timely assessment is one of the most important factors influencing success in substance abuse treatment programs, resulting in probationers being offered a program of treatment that is matched to their level of need.
- Cognitive, behavioral and social learning in a highly structured program focused on criminal attitudes, values and actions.
- Collaboration among service agencies strengthens and improves success rates.
- Match probationers to the most appropriate treatment program.

Concerns

- Although increasing the rate of program completions is an important focus, tracking the impact success in treatment programs has on supervision is critical.
- Availability/accessibility of services at the appropriate level in the community.
- There is a need for improved data analysis on who fails and who succeeds (to improve treatment matching).
- Residential Facility access is limited geographically.

Other Sources of Information

The 2002 Corrections Yearbook – Adult Corrections published by Criminal Justice Institute, Inc.

Bureau of Justice Statistics: Criminal Justice Institute, Inc. 213 Court Street, Suite 606, Middletown, CT 06457, www.cji-inc.com

Key Strategies

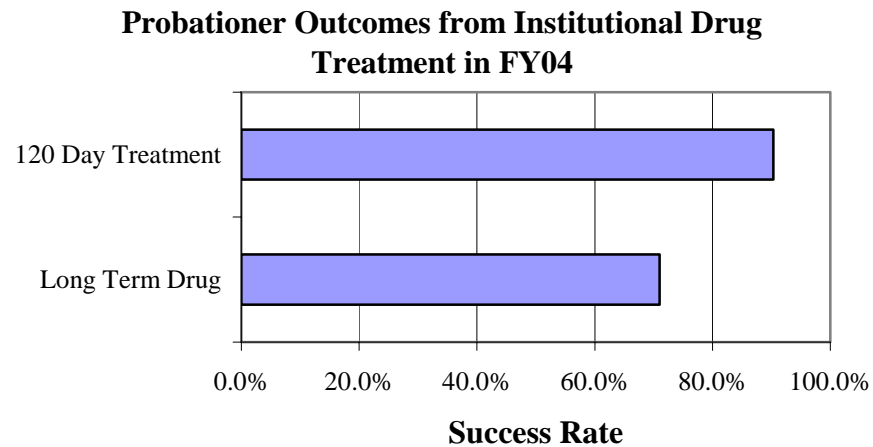
1. Educate and train field probation and parole staff and supervisors on the dynamics of recovery, relapse prevention, and the importance of continuity of care on an on-going basis.
2. Establish a personalized Transition Accountability Plan (TAP) for all offenders.
3. Improve the efficiency and effectiveness of the violation process to improve offenders' success rates.
4. Assign offenders to appropriate programs based on the characteristics that differentiate those that succeed and fail in different programs and strategies.
5. Establish and support short-term interventions and transition programs for technical probation violations.

KEY OBJECTIVE 1C: Increase the success rate of probationers completing institutional substance abuse treatment as follows:

120-day program: Increase from 90.3 % to 93 % by FY06 (Measure #1)

Long-term program: Increase from 71.0 % to 74 % by FY06 (Measure #1)

Measure #1



Data Table for Measure #1

Probationer Program Exits in FY04

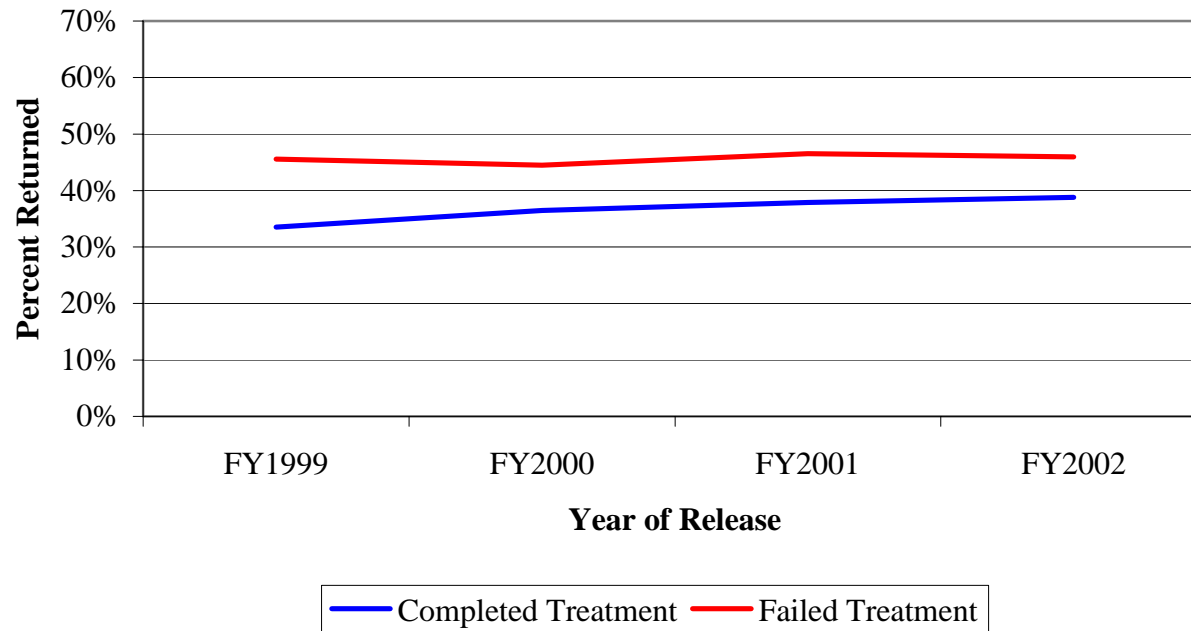
Institutional Drug Treatment	Exits	Completed	Failed	Success Rate
120 Day Treatment	2,056	1,857	199	90.3%
Long Term Drug	545	387	158	71.0%

Description of Measure #1

The number of offenders stipulated by the courts for an institutional drug treatment program who exited the program in FY04. Offenders who successfully complete the program are released to serve a probation sentence.

Measure #2 Chart #1

**Court Ordered 120 Day Institutional Treatment
Recidivism After Two Years from Release to Supervision**



Data Table for Measure #2 Chart #1

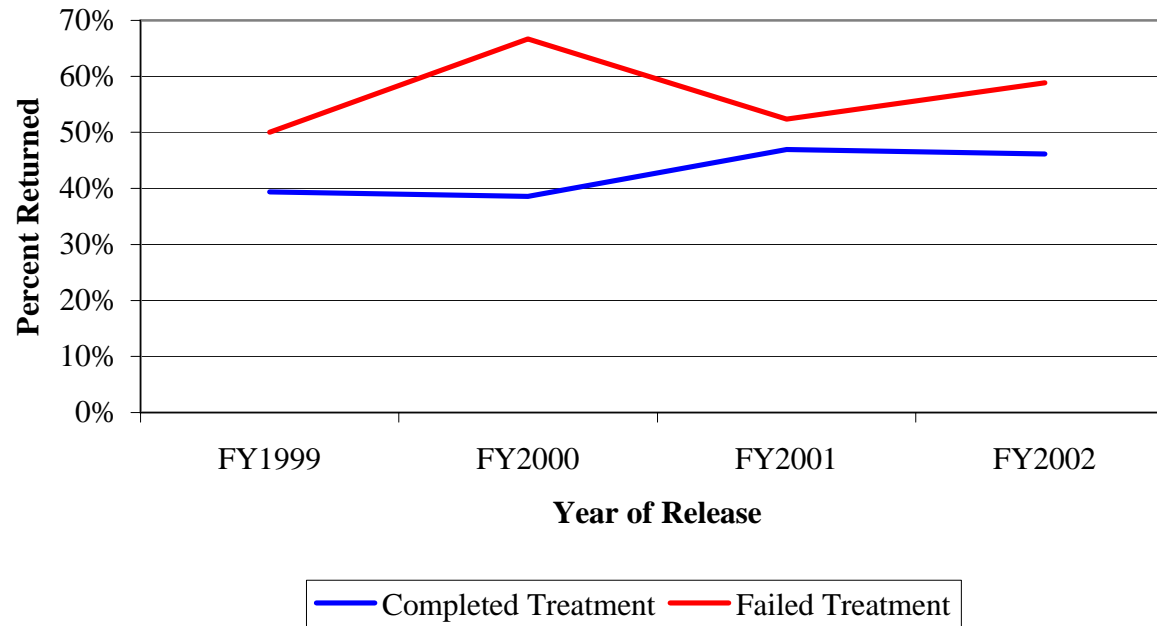
Court Ordered 120 Day Treatment

Released to Supervision

	Completed Treatment			Failed Treatment		
	Releases	Returns	Percent Return	Releases	Returns	Percent Return
FY1999	2,534	850	34%	316	144	46%
FY2000	3,278	1,196	36%	317	141	44%
FY2001	2,800	1,061	38%	361	168	47%
FY2002	2,069	803	39%	209	96	46%
Total	10,681	3,910	37%	1,203	549	46%

Measure #2 Chart #2

**Court Ordered Long Term Drug Treatment
Recidivism After Two Years from Release to Supervision**



**Data Table for Measure #2 Chart #2
Court Ordered Long Term Drug Treatment
Released to Supervision**

	Completed Treatment			Failed Treatment		
	Releases	Returns	Percent Return	Releases	Returns	Percent Return
FY1999	132	52	39%	2	1	50%
FY2000	197	76	39%	6	4	67%
FY2001	343	161	47%	21	11	52%
FY2002	325	150	46%	17	10	59%
Total	997	439	44%	46	26	57%

Description of Measure #2

The recidivism rate for probationers who successfully complete either the 120 day or long-term drug program is the number of completing probationers returned to prison within two years of release divided by all the probationers released after program completion. The recidivism rate for treatment failures is similarly computed but includes offenders who were court ordered for treatment but due to program failure they served a term sentence and were released to parole.

Data Source for Measures #1 and #2

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.]

Why These Measures are Important

- Measure #1 – Probation Outcomes for 120-Day and Long-Term Programs:** Program success demonstrates how effectively the Department of Corrections delivers treatment to offenders who have resisted substance abuse interventions in other settings. Substance abuse treatment provided in the secure setting of a prison also affords a unique opportunity to ensure attendance. Offenders do not have the option of absence from treatment. Program success measures the Department's use of this restrictive intervention, and shows the immediate impact of substance abuse treatment. If the Department of Corrections can deliver a program successfully, offenders have the opportunity to change their criminal thinking and behavior, thus enhancing public safety.
- Measure #2 - Recidivism After Two years from Release of 120-Day and Long-Term Programs to Supervision:** A reduction in criminal behavior after treatment demonstrates the long-lasting effect of treatment. If the Department of Corrections can reduce criminal behavior, there is a significant impact on the number of offenders incarcerated. One impact of reduced recidivism is reduced cost to the taxpayers. Offenders in the community have jobs and pay taxes, while confined offenders depend on the state to meet all their needs. Further, reducing recidivism decreases the cost of crime born by the community. Lowering recidivism enhances public safety and reduces the burden on taxpayers.

Trend Analysis

- Measure #1 – Probation Outcomes for 120-Day and Long-Term Programs:** The success rate of the 120-day treatment program has improved by 15% since FY00. The long-term drug program has a lower success rate and the success rate is lower than it was in FY00 and FY01.

	Program Success Rate					Target	
	FY00	FY01	FY02	FY03	FY04	FY05	FY06
120 Day Treatment	74.8%	75.7%	79.1%	89.7%	90.3%	91%	93%
Long Term Drug	88.6%	73.0%	66.8%	64.7%	71.0%	72%	74%

2. **Measure #2 - Recidivism After Two years from Release of 120-Day and Long-Term Programs to Supervision:** There is an average difference of 10% in the recidivism rates of offenders who successfully complete the 120-day treatment program and those who fail the program. There is a difference of 18% between the recidivism rates of offenders who complete long-term drug program compared to those who fail the program. It should be noted that the number of offenders who have failed the court ordered long-term drug program and have been released to supervision for two years or more is still very small.

How Missouri Compares with Others

1. **Measure #1 – Probation Outcomes for 120-Day and Long-Term Programs:** From a survey the Department conducted among neighboring states, program success was reported as 71% to 74% for institutional drug programs in Colorado, Kansas and Nebraska. In Arkansas it was reported as 43%.
2. **Measure #2 - Recidivism After Two years from Release of 120-Day and Long-Term Programs to Supervision:** There are no suitable comparison indicators.

Factors Influencing the Measure

1. **Measure #1 – Probation Outcomes for 120-Day and Long-Term Programs:** Several factors influence program success in substance abuse treatment.
 - a. First, the composition of the treatment group affects treatment outcomes. Hardened participants who are resistant to treatment can disrupt treatment groups for other participants. In the prison setting, separating probationers and parolees often creates more homogenous treatment groups with similar treatment needs. For example, the group of hardened offenders can focus on criminal thinking while the group of first-time probationers can focus on relapse prevention.
 - b. Next, the way the Department measures program failure includes program refusals and withdrawals. When offenders have the perception that they will not have negative consequences for program refusal, the negative termination rate rises, dragging down the program success rate. Offenders often believe they can refuse one program and go to another. For example, they will refuse treatment at Farmington Correctional Center and try to get into treatment at Cremer Therapeutic Community Center because Cremer has air conditioning and Farmington does not. The Department has initiated policy changes to reduce this type of program switching.
 - c. Finally, how offenders who have refused the program or left unsuccessfully are housed impacts the negative termination rate. Many programs have open bay housing, with large numbers of program participants housed together. This setting can be conducive to treatment when offenders learn positive ways to socialize and exert peer pressure on each other to complete treatment assignments. The same setting can also backfire when offenders who are no longer program participants are still housed in the open bay. Timely transfer of non-participants reduces program disruption and increases the program success rate.

- 2. Measure #2 - Recidivism After Two years from Release of 120-Day and Long-Term Programs to Supervision:** The availability of community resources to deal with substance abuse strongly impacts the recidivism rate of probationers who complete treatment. Substance abuse treatment literature shows aftercare is a critical component of relapse prevention. After release from an institutional treatment center, offenders need access to continued substance abuse treatment. This could be in the form of outpatient treatment or even AA/NA groups, depending on the offender's level of need. If the offender is released to a community that has a shortage of substance abuse treatment resources, the offender is likely to relapse and revert to criminal behavior.

What Works

- Treatment groups composed of offenders with similar treatment needs works. Group time is more efficiently used on addressing the needs of the group when the needs are similar (“Effectiveness of substance abuse treatment programming for women: a review,” American Journal of Drug & Alcohol Abuse, February 2003). For example, people with co-occurring disorders have a different set of needs than people with a propensity for violence when they are under the influence. Both sets of needs can be addressed in the same group, but it is most effective to have group composition of people with similar needs.
- Intensive treatment followed with aftercare is effective.
- Intensive therapeutic communities are effective in substance abuse treatment. This model of treatment holds probationers accountable for their own behavior and progress through the program. This model is also extremely cost-effective.

Concerns

Cuts in the Department of Mental Health's budget have reduced the availability of community services for probationers.

Other Sources of Information

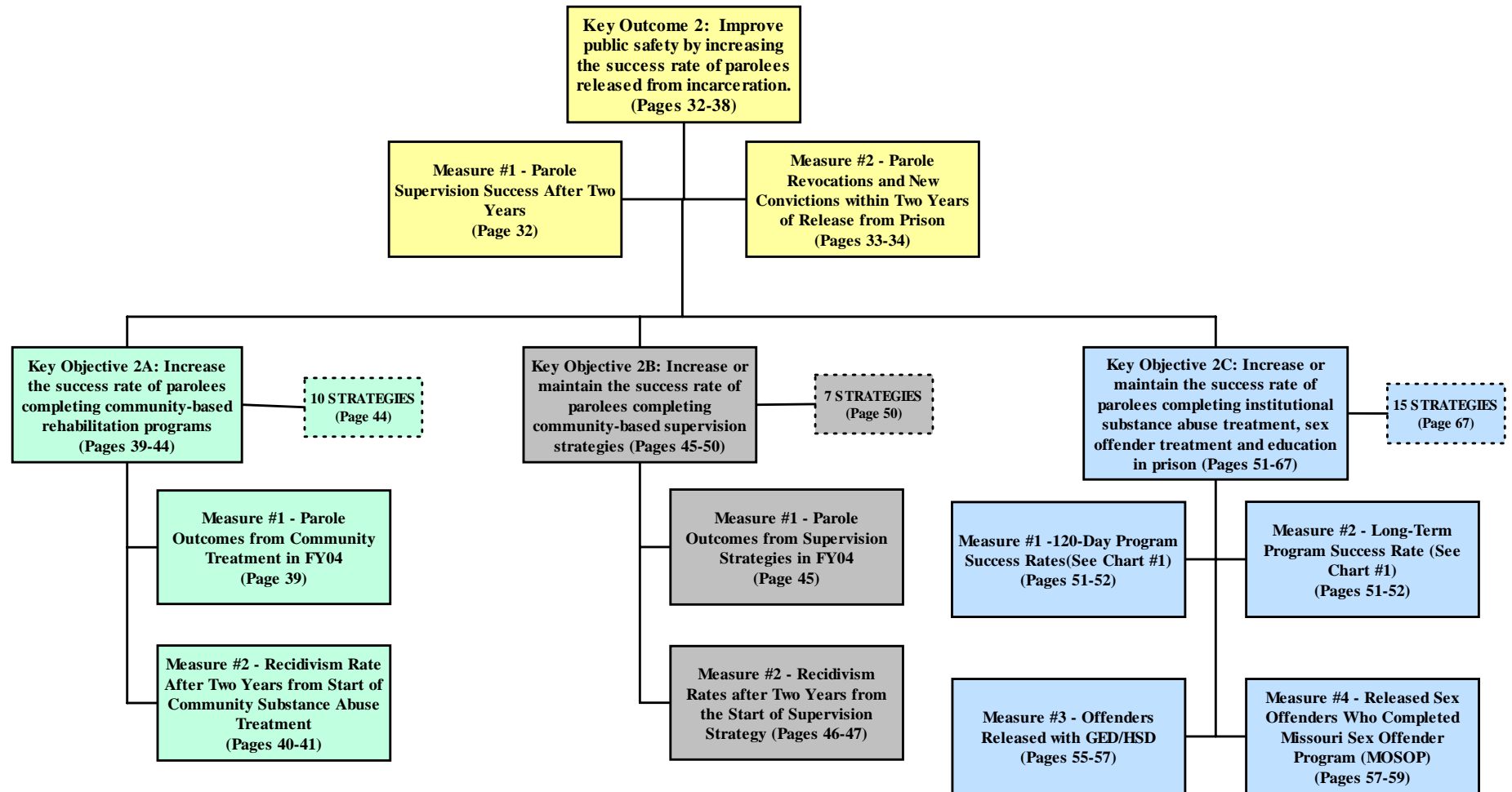
The 2001 Corrections Yearbook – Adult Corrections published by Criminal Justice Institute, Inc.

Bureau of Justice Statistics: Criminal Justice Institute, Inc. 213 Court Street, Suite 606, Middletown, CT 06457, www.cji-inc.com

Key Strategies

1. Establish a personalized Transition Accountability Plan (TAP) for all offenders.
2. Establish standardized criteria for termination from Institutional Treatment Centers (ITC) and modify program-tracking field to include entry of different reasons for termination.
3. House previously incarcerated offenders, referred for treatment in a 120-day treatment program, separately from court ordered offenders sentenced to their first incarceration.
4. Assign offenders to appropriate programs based on the characteristics that differentiate those that succeed and fail in different programs and strategies.
5. Work with DMH to revise DMH institutional substance abuse treatment certification standards to place emphasis on discharge planning, transition practices, and successful linkage to community providers for continuity of care.
6. Implement standards of care for mental health and substance abuse professionals working with released offenders and Probation and Parole Officers in the community.
7. Implement a standardized substance abuse screening and assessment protocol for all offenders.
8. Establish a means for offenders who complete institutional substance abuse treatment to obtain a referral for continuing outpatient treatment in the community, including an initial appointment, prior to release.
9. Increase coordination between substance abuse treatment and mental health treatment providers.
10. Require that all DOC-funded and -operated institutional substance abuse treatment programs meet certification standards established by the Department of Mental Health in consultation with the Department of Corrections.

KEY OUTCOME 2

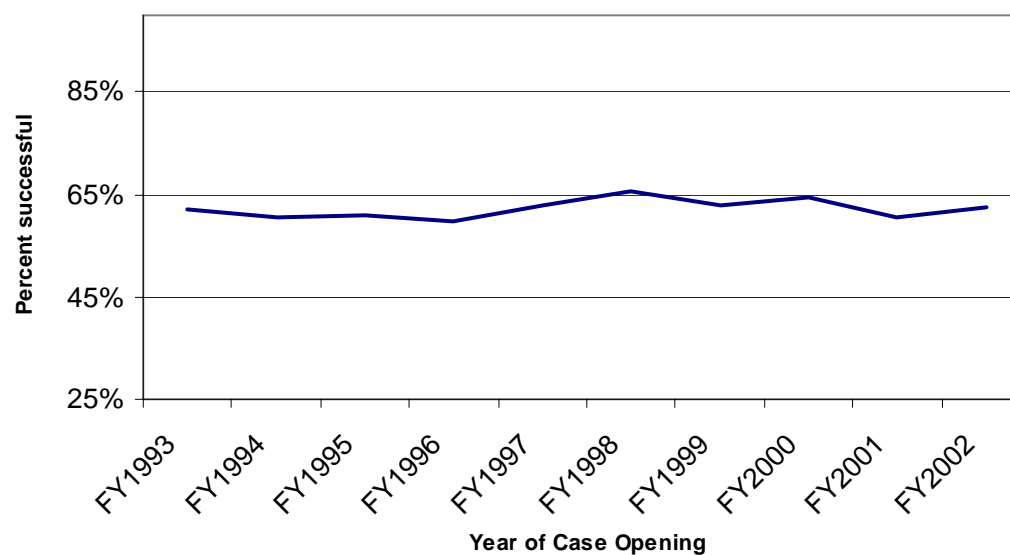


Key Outcome 2: Improve public safety by increasing the success rate of parolees released from incarceration.

Missouri measures the success of parolees with two measures as follows:

Measure #1

**Parole Supervision Success After Two Years
Case Openings FY93-FY02 & Outcome up to April 30, 2004**



Data Table for Measure #1

Parolee Supervision Success after Two Years

Case Openings FY93-FY02 and outcome up to June 30, 2004

	Year of Parole Opening									
	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002
Parole openings	7,115	7,709	6,630	6,726	5,749	6,817	7,457	7,201	7,960	8,364
Percent Successful*	62.0%	60.5%	60.8%	59.8%	62.7%	65.4%	63.0%	64.6%	60.6%	62.6%

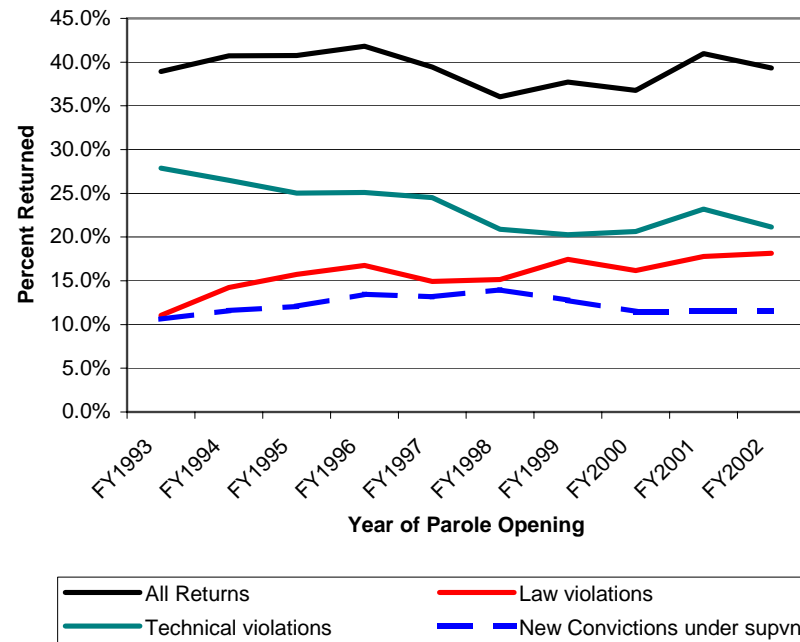
* Successful is discharged from supervision or still active on supervision without a revocation of parole.

Description of Measure #1

Percent Successfully Completed Parole or Under Active Supervision: The percent of parolees who successfully complete their supervision or are under active supervision two years from the start of the supervision without an additional incarceration.

Measure #2

Parole Revocations and New Convictions within Two Years of Release from Prison Case Openings FY93-FY02 and Returns to April 30, 2004



Data Table for Measure #2

Parole Revocation and New Conviction Under Supervision within Two Years of the Start of Supervision

	Parole Releases	First Return to Prison			New Conviction Under Supvn.
		All Returns	Law Violations	Technical Violations	
FY1993	7,115	38.9%	11.0%	27.9%	10.6%
FY1994	7,709	40.7%	14.2%	26.5%	11.6%
FY1995	6,630	40.8%	15.7%	25.0%	12.1%
FY1996	6,726	41.8%	16.7%	25.1%	13.5%
FY1997	5,749	39.5%	14.9%	24.5%	13.2%
FY1998	6,817	36.0%	15.2%	20.9%	14.0%
FY1999	7,457	37.7%	17.5%	20.3%	12.8%
FY2000	7,201	36.8%	16.2%	20.6%	11.5%
FY2001	7,960	41.0%	17.8%	23.2%	11.5%
FY2002	8,364	39.3%	18.2%	21.2%	11.6%
FY2003	10,233	Supervision Time less then 2 years			
FY2004	11,546				

Description of Measure #2

- This measure includes all offenders released on parole and/or conditional release, including offenders released for the first time from serving a new sentence and parole violators.
- This measure is the first return to prison within two years of release and is expressed as the percent of the parolees released to parole or conditional release.
- First return: The first return to prison after the parolee was revoked from supervision for a violation of the conditions of supervision or to serve a new sentence.
- Technical revocation: A revocation of supervision for a reason other than a law violation.
- Law Violation: A law violation is a violation of rule 1 of the conditions of parole that requires parolees to obey all laws. The violation can be an arrest or conviction for any federal, state, municipal or county new offense committed while the parolee was under supervision.
- Previously, the Department of Corrections only counted new convictions as a law violation, and in this fiscal year will include parolees returned by the Board of Probation and Parole for a violation of the law condition of their parole.

NOTE: The Department has chosen to use a two-year recidivism rate because the measure provides an accurate indicator of recidivism within a relatively short time of release. Although the period immediately following prison release is often the time when the chance of failure is greatest, recidivism is a cumulative measure and continues to increase over time. After three years, the rate of increase in recidivism diminishes as more parolees are discharged from their sentence and released from supervision. There are no national standards in the measurement of recidivism or in the time period over which it is measured. DOC studies have indicated that rates calculated for periods of two years or more are relatively consistent with each other, whereas rates using 12 months or less show more variability between the types of releases (for example, releases to probation compared to parole). Rates computed by other states range from two years to five years, with three years being the most used.

Data Source (for Measures #1 and #2)

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.]

Why These Measures are Important

- 1. Measure #1 – Parole Supervision Success After Two Years:** The Missouri Department of Corrections measures public safety based on whether parolees successfully complete their period of supervision or violate the conditions of supervision.
- 2. Measure #2 – Parole Revocations and New Convictions within Two Years of Release from Prison:** The Missouri Department of Corrections measures public safety based on whether parolees do not re-offend or violate the conditions of supervision. The rate of recidivism measures how effectively the department uses incarceration and the subsequent supervision to affect the behavior of parolees. This measure has been chosen because the department has an opportunity to impact the behavior of parolees on their first release from prison followed by parole supervision.

Trend Analysis

- 1. Measure #1 – Parole Supervision Success After Two Years:** The supervision success rate has been between 60% to 65% over the last ten years without a pronounced trend.
- 2. Measure #2 – Parole Revocations and New Convictions within Two Years of Release from Prison:** Over the last ten years the recidivism rate has fluctuated from year to year but without any pronounced trend. The number of offenders revoked for a law violation has increased from 11% in FY93 to 18% by offenders beginning parole in FY02. At the same time, the Technical Violation Rate has decreased by the same amount. The percent of offenders convicted of new offenses has remained fairly steady at about 11%.

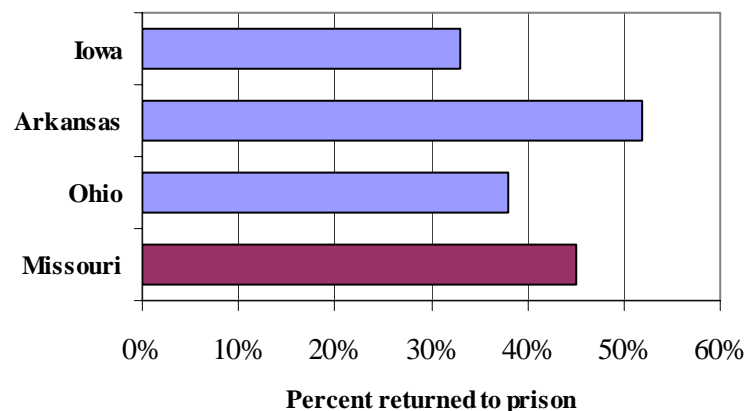
How Missouri Compares with Others

- Measure #1 – Parole Supervision Success After Two Years:** There are no national statistics on recidivism that calculate recidivism on a consistent basis.
- Measure #2 – Parole Revocations and New Convictions within Two Years of Release from Prison:** There are no national statistics on recidivism that calculate recidivism on a consistent basis. The department has contacted neighboring states and compiled the following recidivism table. Six states responded and indicated that they use three years to measure recidivism. Three states measured the recidivism rates of all releases (including violator returns) and three other states measured the outcomes of parolees released for the first time after serving a new prison sentence (see table and charts on following page). There is a wide variation in the reported rates and Missouri is mid-placed on both the first release comparison and on the all release comparison.

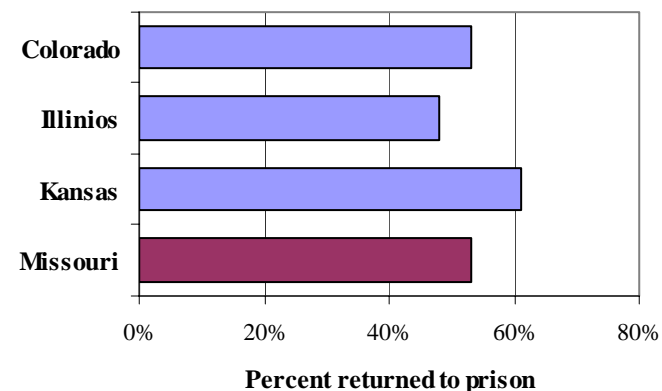
Three-Year Recidivism Rates of Parolees Released in 1999, Responding Neighboring States

	First Releases	All Releases
Missouri	45%	53%
Kansas		61%
Illinois		48%
Ohio	38%	
Arkansas	52%	
Colorado		53%
Iowa	33%	

Recidivism of First Releases Released in 1999



Recidivism of All Offenders released in 1999



Factors Influencing the Measure

1. Measure #1 – Parole Supervision Success After Two Years:

- a. The availability of sufficient community program resources affects positive and long-lasting change in parolee behavior.
- b. Offenders placed on parole have education deficits, poor job skills and substance abuse problems that contribute to criminal behavior.
- c. If more drug, alcohol and other mental health programs existed in the community, fewer parolees would need to be sent to prison for treatment.

2. Measure #2 – Parole Revocations and New Convictions within Two Years of Release from Prison:

- a. To protect public safety, probation and parole officers issue warrants and recommend revocation based on evidence of new law violations, high-risk behaviors and chronic non-compliance with supervision requirements.
- b. Many parolees come to prison with deficits in education, poor job skills and with substance abuse and behavior problems, which need to be addressed while they are incarcerated or under supervision. Until these deficits are rectified, parolees remain at risk of returning to criminal behavior.

What Works

- Treatment programs achieved a 25 to 30 percent reduction in recidivism of participants, according to research conducted in 1990 and 1995, when those programs also shared key components including:
 - Cognitive, behavioral and social learning
 - A highly structured program design
 - A focus on criminal attitudes, values and actions
 - Conducted in concert with other needed treatment
- Providing substance abuse treatment. Parolees who successfully complete treatment and are able to maintain sustained sobriety have lower recidivism rates than other parolees. The follow up study of Institutional Treatment where substance abuse treatment is provided shows that graduates of the programs are much less likely to return to prison than the parolees who fail.
- Providing assistance in job acquisition and retention. Parolees who obtain and maintain employment have lower recidivism rates than other parolees. Parolees who are fully employed within 30 days of release are nearly three times less likely to return to prison within the first six months following release than parolees who were unemployed after 30 days of release. These observations were obtained from a study of prison releases from FY1991 to FY 2002 using OPII data.
- Providing vocational training. Parolees who improve their vocational skills while incarcerated have lower recidivism rates than other parolees. These parolees are more likely to obtain and maintain full-time employment and remain successful after release. (See Objective 2C, Measure 8.)
- Pre-release planning and continued partnership with outside agencies after release reduces recidivism.

Concerns

- There are no national statistics on recidivism that calculate recidivism on a consistent basis.
- Reduction of resources will result in diminishing opportunities to affect changes in criminal behavior. If those opportunities diminish significantly, the rate of recidivism will likely increase.
- A better instrument needs to be developed in order to assess which intervention/program works best for which parolee that would have the greatest positive impact on recidivism.

Other Sources of Information

The 2002 Corrections Yearbook – Adult Corrections published by Criminal Justice Institute, Inc.

Bureau of Justice Statistics: Criminal Justice Institute, Inc. 213 Court Street, Suite 606, Middletown, CT 06457, www.cji-inc.com

Objective 2A: Increase or maintain the success rate of parolees completing community-based rehabilitation programs as follows:

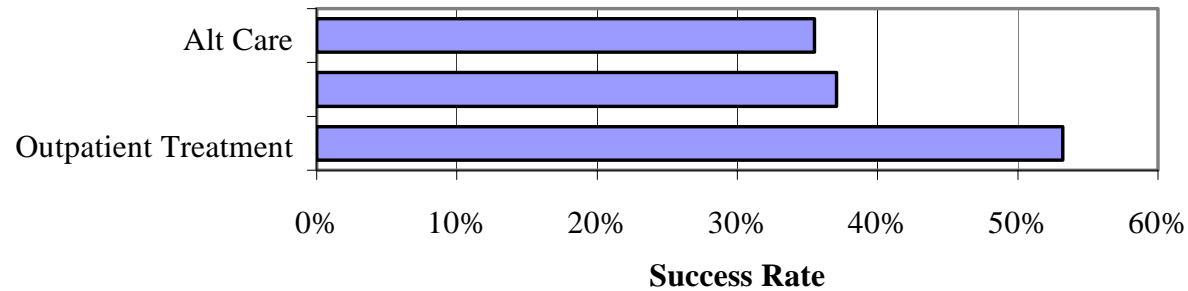
ALT Care: Increase From 35.5% to 43% by FY06

Free & Clean: Increase From 37.1% to 41% by FY06

Outpatient Treatment: Increase From 53.2% to 60% by FY06

Measure #1

Parolee Outcomes from Community-Based Rehabilitation in FY04



Data Table for Measure #1

Parolee Outcomes from Community-Based Rehabilitation Programs in FY04

<i>Treatment Programs</i>	Successful Completion	Failures	Transfers	Total Exits	Success Rate *
Alt Care	60	109	4	173	35.5%
Free & Clean	53	90	6	149	37.1%
Outpatient Treatment	133	117	17	267	53.2%
Total Treatment Programs	246	316	27	589	43.8%

* Success rate is successful completion/total exits less program transfers

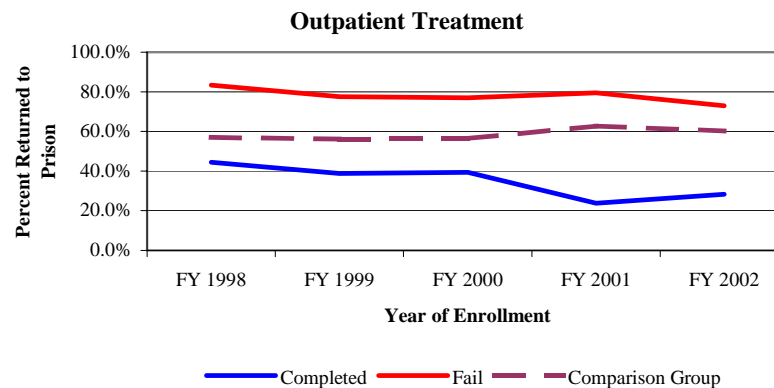
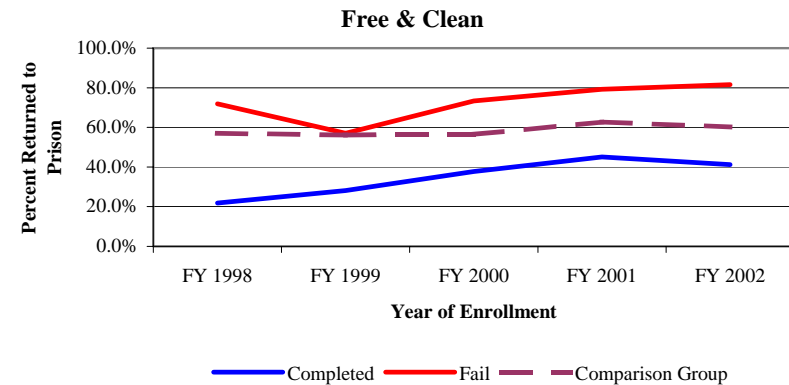
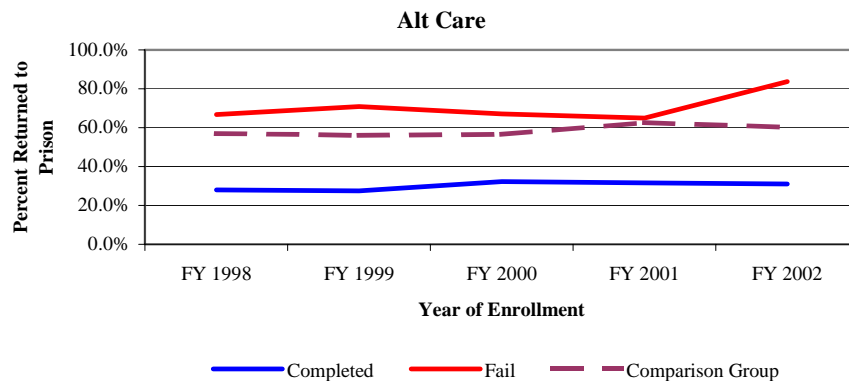
Description of Measure #1

The success rate for each program is the percentage of parolees who successfully completed a community-based rehabilitation program. The calculations for each program excluded those parolees transferred to other programs.

Measure #2

Recidivism Rates after Two Years from the start of Community Substance Abuse Treatment

Recidivism rates by parolees who successfully complete treatment compared to the rates of parolees who fail and the recidivism rates of all parolees with a substance abuse problem (comparison group).



Data Table for Measure #2

**Two Year Recidivism Rates for Parolee Substance Abuse Treatment Programs
By Program Outcome
(Program Exits FY 1998-FY 2002 and position up to April 30, 2004)**

Program Data FY 1998 to FY 2002 and Comparison to FY 1998 to FY 2002									
Program Exit	Alt Care		Free & Clean		Outpatient Treatment		All Treatment pgms		Comparison Group
	Completed	Fail	Completed	Fail	Completed	Fail	Completed	Fail	
Numbers returned to prison									
FY 1998	1	26	7	41	8	10	16	77	NA
FY 1999	19	51	36	53	33	52	88	156	NA
FY 2000	27	61	23	44	37	70	87	175	NA
FY 2001	31	50	27	38	29	62	87	150	NA
FY 2002	13	77	21	80	38	67	72	224	NA
Percent returned to prison									
FY 1998	28.0%	66.7%	21.9%	71.9%	44.4%	83.3%	31%	74%	57.0%
FY 1999	27.5%	70.8%	28.1%	57.0%	38.8%	77.6%	31%	68%	56.1%
FY 2000	32.1%	67.0%	37.7%	73.3%	39.4%	76.9%	36%	72%	56.5%
FY 2001	31.6%	64.9%	45.0%	79.2%	23.8%	79.5%	33%	75%	62.7%
FY 2002	31.0%	83.7%	41.2%	81.6%	28.4%	72.8%	34%	79%	60.2%

Description for Measure #2

The recidivism rate for parolees who successfully complete community based substance abuse treatment is the number of parolees returned to prison within two years of program enrollment divided by the number of parolees who successfully complete treatment. The recidivism rate for treatment failures is similarly computed. The recidivism rate for all parolees with a substance abuse problem is the number of parolees returned to prison within two years of the start of supervision divided by the number of parolees who began parole. A substance abuse problem is either the known use of a controlled substance within the last six months of the first assessment or a positive substance abuse score from the department's substance abuse assessment (see Glossary- Probation and Parole Needs score and the Substance Abuse Classification Assessment).

Data Source for Measures #1 and #2

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.]

Why These Measures are Important

1. **Measure #1 – Parole Outcomes from Community Treatment in FY04:** The Department of Corrections estimates that, based on substance abuse screening, 75% of parolees in Missouri need substance abuse services. These parolees are at higher risk than parolees who do not have substance abuse problems, leading to the targeting of resources towards this group of parolees. Research shows that the supervision outcome for those who received institutional substance abuse treatment followed by community aftercare is better than those who did not receive such treatment, especially in the first year after release. When a parolee successfully completes community-based substance abuse treatment:
 - a. Parolees remain under community supervision rather than being sent back to prison.
 - b. Fewer new crimes are committed.
 - c. Less cost is incurred than with incarceration.
 - d. Future behavior is less likely to include substance abuse.
2. **Measure #2 – Recidivism Rate After Two Years:** The recidivism rate indicates how effective the community treatment programs are at avoiding or deferring the return to prison of high-risk parolees with substance abuse problems. The comparison measure can be either the recidivism rate of parolees who fail treatment or the recidivism rate of all parolees who are known to have a substance abuse problem. The large difference in recidivism rates between completers and failures indicates the importance the treatment programs have in keeping parolees successfully under supervision in the community.

Trend Analysis

1. **Measure #1 – Parole Outcomes from Community Treatment in FY04:** The program outcome has declined over the last five years for Alt Care and Free and Clean but has improved for Outpatient Treatment. Overall, the success rate has fallen by approximately 8% over the last five years. The targeted population for Alt Care and Free and Clean is primarily those parolees exiting Institutional Treatment Centers, while the Outpatient Treatment includes a high proportion of community parole violators. This difference in target population partially explains the difference in success rates.
2. **Measure #2 – Recidivism Rate After Two Years:** The recidivism rate has improved over the last five years for Outpatient Treatment but declined for Free and Clean. For all the treatment programs, however, the two-year recidivism rate for the program graduates has remained approximately 33% compared to 74% for the program failures.

	Program Success Rate					Targets	
	FY00	FY01	FY02	FY03	FY04	FY05	FY06
Alt Care	47.8	57.5	48.6	42.9	35.5	39	43
Free & Clean	53.2	54.1	32.6	41.1	37.1	39	41
Outpatient Treatment	51.6	60.6	59.2	61.3	53.2	57	60

How Missouri Compares with Others

- 1. Measure #1 – Parole Outcomes from Community Treatment in FY04:** There are no national statistics comparing success rates of community-based treatment programs from state to state. The Department contacted neighboring states to obtain comparable statistics. Iowa Department of Corrections reported a program success rate of 57% compared to Missouri's rate of 53% in FY04.
- 2. Measure #2 – Recidivism Rate After Two Years:** There are no national statistics comparing the recidivism rates of community-based treatment programs from state to state.

Factors Influencing the Measure

- 1. Measure #1 – Parole Outcomes from Community Treatment in FY04:** The department has identified a number of key factors that impede successful offender transition and contribute to offender recidivism. The issues can range from the parolees' inability to abstain from the use of illegal substances to securing transportation and money for programs. Returning parolees to the community with the skills and resources necessary to stay free of substances, both alcohol and drugs, is only one key factor in a diverse range of influencing factors.
- 2. Measure #2 – Recidivism Rate After Two Years:** The Division of Probation and Parole provides treatment and supervision resources according to a continuum of parolee need. For many parolees who fail the community treatment programs, the only remaining option the department has is to return the parolee to prison, where resources may be available for the parolee to attend an institutional treatment program.

What Works

- Community-based rehabilitation offered at the point when the parolee is receptive to this type of intervention.
- Accurate and timely assessment is one of the most important factors influencing success in substance abuse treatment programs, resulting in parolees being offered a program of treatment that is matched to their level of need.
- One hundred and twenty-day treatment and long-term treatment are particularly effective when coupled with community-based after-care programs.
- Timely access to outpatient treatment and support groups, i.e. Alcoholics Anonymous/Narcotics Anonymous.
- Cognitive, behavioral and social learning in a highly structured program focused on criminal attitudes, values and actions.
- Collaboration among service agencies strengthens and improves success rates.

Concerns

- Cuts in the FY04 Department of Mental Health budget have made it difficult for the Division of Alcohol & Drug Abuse to meet the Maintenance of Effort (MOE) general revenue-spending requirement for its federal Substance Abuse Prevention and Treatment Block Grant. However, there is a strong possibility of a waiver of this requirement on a one-time basis if certain requirements are met. The Division has worked to meet these requirements but will not be fully confident of the waiver until requirements are measured and met at the end of fiscal year 2005. At that time, a waiver will be requested from the federal government. Consequently, the availability of community-based substance abuse treatment services may remain at the current level unless a waiver is granted or if reductions are made in the FY05 legislative session.

- With separate agencies such as Mental Health and Corrections assigning parolees to treatment, appropriate placement becomes problematic. Each agency uses different criteria for placement and reporting.
- Accurately reporting the number of parolees receiving treatment in the field is a challenge. The Department of Corrections only tracks treatment for which the Department provides resources.
- Although increasing the rate of program completions is an important focus, tracking the impact success in treatment programs has on supervision is critical.
- Availability/accessibility of services at the appropriate level in the community.
- There is a need for improved data analysis on who fails and who succeeds (to improve treatment matching).

Other Sources of Information

The 2002 Corrections Yearbook – Adult Corrections published by Criminal Justice Institute, Inc.

Bureau of Justice Statistics: Criminal Justice Institute, Inc. 213 Court Street, Suite 606, Middletown, CT 06457, www.cji-inc.com

Key Strategies

1. Educate and train field probation and parole staff and supervisors on the dynamics of recovery, relapse prevention, and the importance of continuity of care on an on-going basis.
2. Establish a personalized Transition Accountability Plan (TAP) for all offenders.
3. Improve the efficiency and effectiveness of the violation process to improve offenders' success rates.
4. Assign offenders to appropriate programs based on the characteristics that differentiate those that succeed and fail in different programs and strategies.
5. Establish and support short-term interventions and transition programs for technical parole violations.
6. Establish specialized housing units in all custody level 2 and 3 institutions for offenders preparing for transition, including specially trained staff and full transition resources.
7. Work with DMH to revise DMH institutional substance abuse treatment certification standards to place emphasis on discharge planning, transition practices, and successful linkage to community providers for continuity of care.
8. Implement standards of care for mental health and substance abuse professionals working with released offenders and Probation and Parole Officers in the community.
9. Implement a standardized substance abuse screening and assessment protocol for all offenders.
10. Coordinate with the Division of Workforce Development and community-based programs to develop additional employment opportunities for probationers and parolees.

Objective 2B: Increase or maintain the success rate of parolees completing community-based supervision strategies as follows:

Community Release Centers: Increase from 32.8% to 38% by FY06

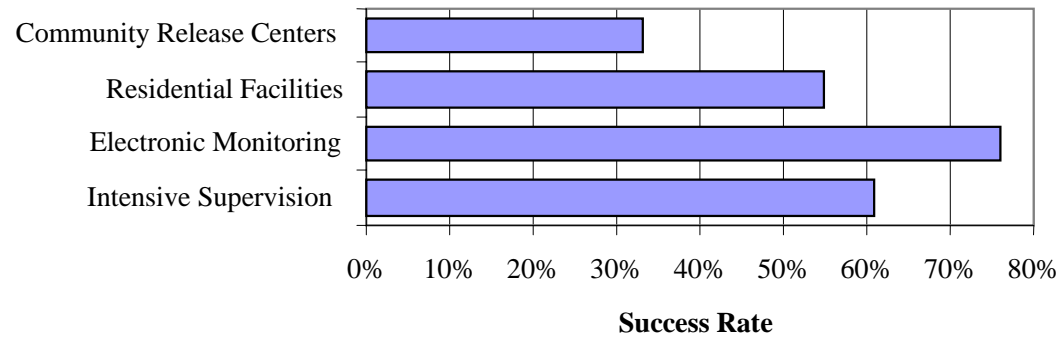
Residential Facilities (Halfway Houses): Increase from 54.9% to 60% by FY06

Electronic Monitoring: Maintain at 75.9% by FY06

Intensive Supervision: Maintain at 60.9% by FY06

Measure #1

Parolee Outcomes from Supervision Strategies in FY04



Data Table for Measure #1

Parolee Outcomes from Supervision Strategies in FY04

<i>Supervision Strategies</i>	Successful Completion	Failures	Transfers	Total Exits	Success Rate *
Community Release Centers	560	1,125	8	1,693	33.2%
Residential Facilities	563	463	-	1,026	54.9%
Electronic Monitoring	2,335	742	117	3,194	75.9%
Intensive Supervision	1,099	706	189	1,994	60.9%
Total Supervision Strategies	4,557	3,036	314	7,907	60.0%

* Success rate is successful completion/total exits less transfers

Description of Measure #1

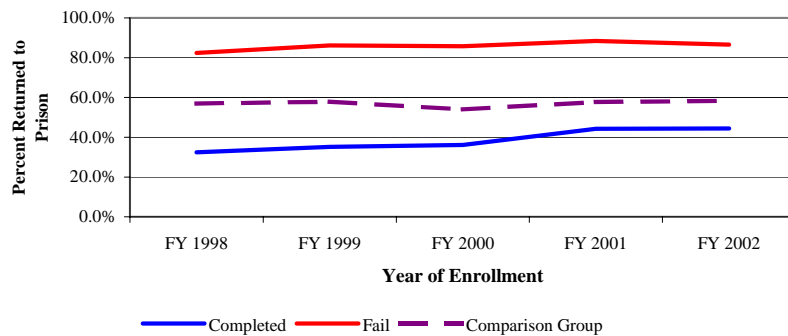
The success rate for each supervision strategy is the percentage of parolees who successfully completed the supervision strategy. The program success rate excluded those parolees that were transferred to other strategies.

Measure #2

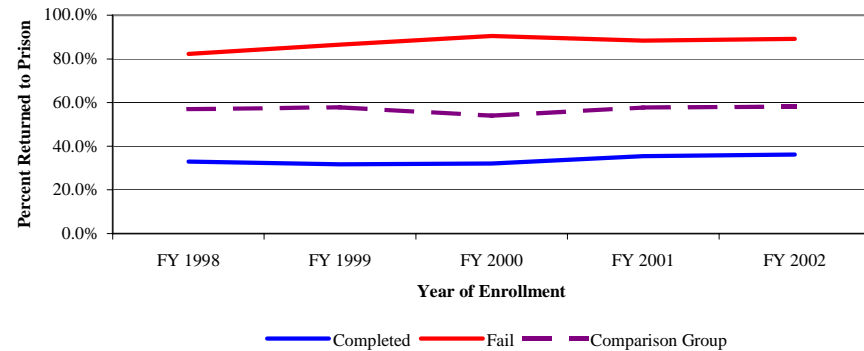
Recidivism Rates after Two Years from the Start of Supervision Strategy

Recidivism rates by parolees who complete supervision strategies compared to the rates of parolees who fail and the recidivism rates of all parolees who begin supervision with a high-risk assessment (comparison group).

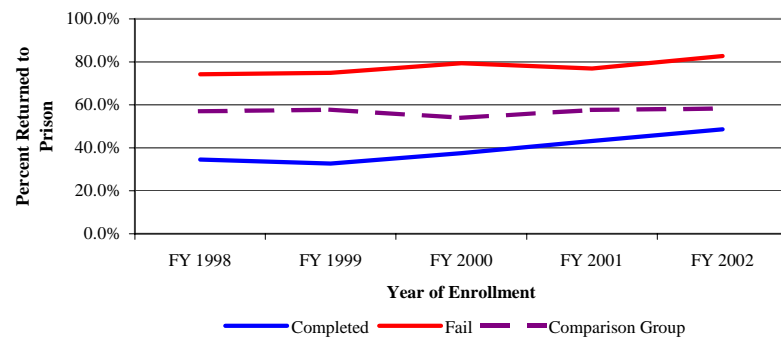
Residential Facilities



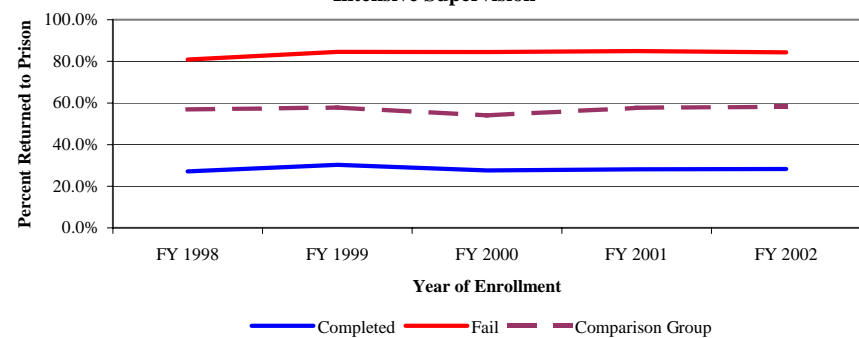
Electronic Monitoring



Community Release Centers



Intensive Supervision



Data Table for Measure #2

Two Year Recidivism Rates for Parolee Supervision Strategies

By Supervision Outcome

(Supervision Exits FY 1998-FY 2002 and position up to April 30, 2004)

Program Exit	Residential Facility		Electronic Monitoring		Community Supervision Center		Intensive Supervision		All Supervision Strategies		Comparison Group
	Completed	Fail	Completed	Fail	Completed	Fail	Completed	Fail	Completed	Fail	
FY 1998	44	89	168	172	75	170	81	187	324	529	NA
FY 1999	332	672	334	320	147	336	399	724	880	1,380	NA
FY 2000	306	686	352	375	186	388	479	1,344	1,017	2,107	NA
FY 2001	475	775	638	661	222	468	593	1,455	1,453	2,584	NA
FY 2002	354	398	677	619	343	497	427	1,100	1,447	2,216	NA
FY 1998	32.4%	82.4%	32.9%	82.3%	34.6%	74.2%	27.1%	81.0%	31.7%	80.0%	57.0%
FY 1999	35.2%	86.2%	31.7%	86.5%	32.7%	75.0%	30.3%	84.6%	32.5%	83.1%	57.8%
FY 2000	36.1%	85.8%	32.1%	90.6%	37.5%	79.4%	27.7%	84.4%	33.4%	85.0%	54.0%
FY 2001	44.3%	88.4%	35.5%	88.4%	43.3%	77.0%	28.2%	84.9%	37.8%	84.7%	57.7%
FY 2002	44.4%	86.5%	36.3%	89.2%	48.7%	82.7%	28.2%	84.4%	39.4%	85.7%	58.3%

Description of Measure #2

The recidivism rate for the parolees who successfully completed community supervision strategies is the number of parolees returned to prison within two years of the start of the supervision strategies divided by the number of parolees successfully completing the supervision strategies. The recidivism rate for supervision failures is similarly computed. The recidivism rate of the comparison group is the percentage of high-risk parolees who returned to prison within two years of the start of supervision. High-risk is measured at the start of supervision using the Probation and Parole risk assessment (see Glossary).

Data Source for Measure #1 and #2

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.]

Why These Measures are Important

These supervision strategies are intended for parolees considered to have a high risk of re-offending or violating the conditions of supervision. A timely intervention can avoid or delay a period of incarceration or a new offense. Effective use of these supervision strategies enhances public safety by closely monitoring parolee activity. Timely interventions with these supervision strategies can prevent the use of incarceration and save taxpayer dollars.

- Measure #1 – Parole Outcomes from Supervision Strategies in FY04:** Successful performance while participating in supervision strategies means that the parolee avoids committing new crimes, complies with the conditions of parole and is not re-incarcerated.

- 2. Measure #2 – Recidivism Rates after Two Years from the Start of Supervision Strategy:** The recidivism rate indicates how effective supervision strategies are at avoiding or deferring the return to prison of high-risk parolees. The recidivism rate of completers can be compared to either the recidivism rate of the parolees who fail supervision strategies or the recidivism rate of all parolees who are considered to be high-risk at the commencement of supervision. The large difference in recidivism rates indicate the importance the strategies have in keeping parolees under supervision and in compliance with the conditions of parole.

Trend Analysis

- 1. Measure #1 – Parole Outcomes from Supervision Strategies in FY04:** The length of time an offender spends in these strategies has been reduced by a policy change, connecting positive behavior to release from the strategy. This policy change has improved the success rate for the strategy. Although the success rate at community release centers has declined with an increase of absconding, overall the success rate of all the supervision strategies has remained at around 60% over the last five years.

Data Table for Trend Analysis for Measure #1

	Program Success Rate					Targets	
	FY00	FY01	FY02	FY03	FY04	FY05	FY06
Community Release Centers	52.0	46.7	53.0	37.7	32.8	39	45
Residential Facilities	51.3	54.8	62.5	60.0	54.9	57	60
Electronic Monitoring	72.2	70.5	72.0	74.0	75.8	74	72
Intensive Supervision	52.3	55.1	53.7	55.4	60.9	61	62

- 2. Measure #2 – Recidivism Rates after Two Years from the Start of Supervision Strategy:** The recidivism rates of the parolees successful in intensive supervision and in electronic monitoring have remained stable over the last five years. Since FY01, the department has been assigning high-risk parolees to the Community Release Centers (CRC), instead of low-risk inmates. This change in practice has resulted in a high-risk population at the CRCs, explaining the decreased success rate.

How Missouri Compares with Others for Measures #1 and #2

There are no national statistics on community supervision outcomes and recidivism. The department has contacted neighboring states for comparable statistics. Iowa reports a success rate of 55% for Electronic Monitoring and Kansas reports 73%. Missouri's rate is 76%. Iowa reports a success rate of 56% for Intensive Supervision and Kansas reports 79%. Missouri's rate is 61%.

Factors Influencing the Measure

- 1. Measure #1 – Parole Outcomes from Intensive Supervision in FY04:** Placement of parolees in a supervision strategy is based upon an assessment of prior criminal history, behavior while incarcerated and under supervision. Parolees with assessed risk and need in areas such as housing, substance abuse, employment, mental health and supervision compliance are assigned to these strategies, skewing the success rate.

- 2. Measure #2 – Recidivism Rates after Two Years from the Start of Supervision Strategy:** For many parolees who fail the supervision strategy, the only remaining option the department has is to recommend incarceration.

What Works

- Treatment programs achieved a 25 to 30 percent reduction in recidivism of participants, according to research conducted in 1990 and 1995, when those programs also shared key components including:
 - Cognitive, behavioral and social learning
 - A highly structured program design
 - A focus on criminal attitudes, values and actions
 - Conducted in concert with other needed treatment
- Providing substance abuse treatment. Parolees who successfully complete treatment and are able to maintain sustained sobriety have lower recidivism rates than other parolees. The follow up study of Institutional Treatment where substance abuse treatment is provided shows that graduates of the programs are much less likely to return to prison than the parolees who fail.
- Providing assistance in job acquisition and retention. Parolees who obtain and maintain employment have lower recidivism rates than other parolees. Parolees who are fully employed within 30 days of release are nearly three times less likely to return to prison within the first six months following release than parolees who were unemployed after 30 days of release. These observations were obtained from a study of prison releases from FY1991 to FY 2002 using OPII data.
- Providing vocational training. Parolees who improve their vocational skills while incarcerated have lower recidivism rates than other parolees. These parolees are more likely to obtain and maintain full-time employment and remain successful after release. (See Objective 2C, Measure 8.)
- Pre-release planning and continued partnership with outside agencies after release reduces recidivism.

Concerns

- There are no national statistics on recidivism that calculate recidivism on a consistent basis.
- Reduction of resources will result in diminishing opportunities to affect changes in criminal behavior. If those opportunities diminish significantly, the rate of recidivism will likely increase.
- A better instrument needs to be developed in order to assess which intervention/program works best for which parolee that would have the greatest positive impact on recidivism.
- Residential Facility access is limited geographically.

Other Sources of Information

The 2002 Corrections Yearbook – Adult Corrections published by Criminal Justice Institute, Inc.

Bureau of Justice Statistics: Criminal Justice Institute, Inc. 213 Court Street, Suite 606, Middletown, CT 06457, www.cji-inc.com

Key Strategies

1. Educate and train field probation and parole staff and supervisors on the dynamics of recovery, relapse prevention, and the importance of continuity of care on an on-going basis.
2. Establish a personalized Transition Accountability Plan (TAP) for all offenders.
3. Improve the efficiency and effectiveness of the violation process to improve offenders' success rates.
4. Assign offenders to appropriate programs based on the characteristics that differentiate those that succeed and fail in different programs and strategies.
5. Establish and support short-term interventions and transition programs for technical parole violations.
6. Establish specialized housing units in all custody level 2 and 3 institutions for offenders preparing for transition, including specially trained staff and full transition resources.
7. Establish standardized cognitive skills development curriculum for use in both institutional and community supervision.

Objective 2C: Increase or maintain the success rate of parolees completing institutional substance abuse treatment, sex offender treatment and education in prison as follows:

Substance Abuse

120-day program success rate: Maintain rate of 82.6% (Measure #1: See Chart #1.)

Long-term program success rate: Increase from 63.1% to 65% by FY06 (Measure #2: See Chart #1.)

Education

Offenders released with GED/HSD: Increase from 61.1% to 63% (Measure #3)

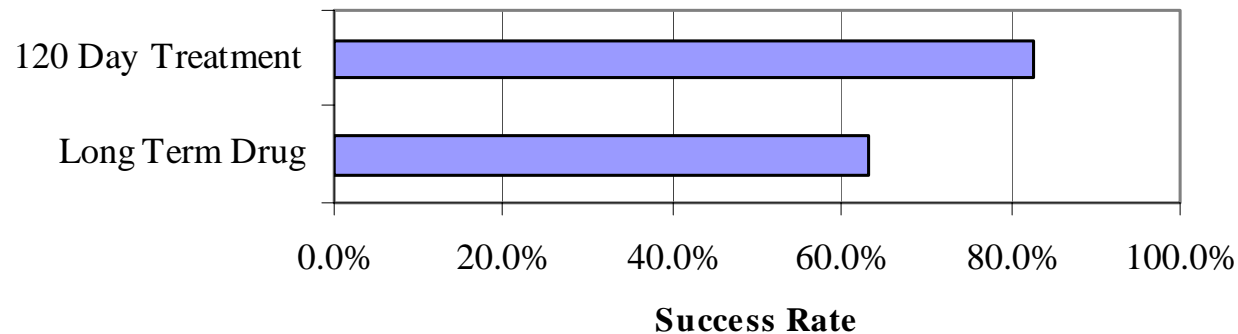
Sex Offender

Released Sex Offenders Who Completed Missouri Sex Offender Program (MOSOP): Increase from 48.6% to 50% by FY06 (Measure #4)

SUBSTANCE ABUSE PROGRAM MEASURES

MEASURES #1 and #2, Chart #1

Parolee Outcomes from Institutional Drug Treatment in FY04



Data Table for Measures #1 and #2, Chart #1
Program Exits in FY04

Institutional Drug Treatment	Exits *	Completed	Failed	Success Rate
120 Day Treatment	1,985	1,640	345	82.6%
Long Term Drug	1,132	714	418	63.1%

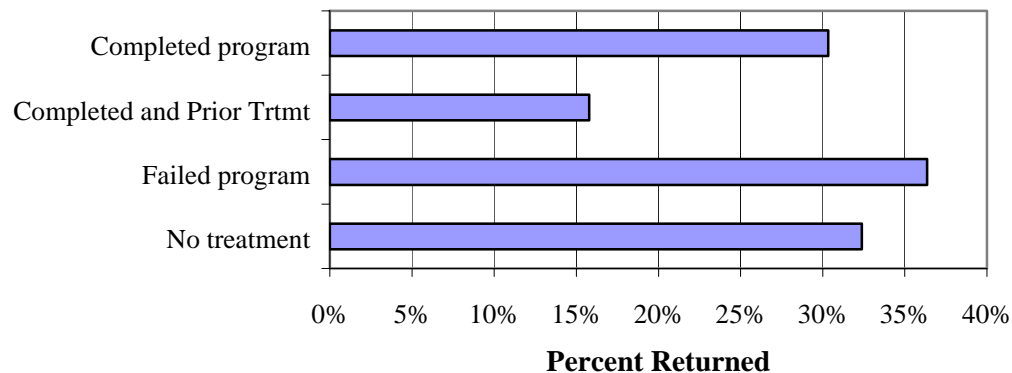
* program exits exclude transfers to other programs

Description of Measures #1 and #2, Chart #1

These measures indicate the number of offenders serving prison sentences who completed an institutional 120-day treatment program in FY04 or long term treatment program (12 months duration). Offenders who have been returned as parole violators are included in the count.

MEASURE #1 Chart #2

**Recidivism Rate after six months of Parole Returns with
Severe Substance Abuse who completed the 120 Day ITC
Program and re-released to Parole in FY03 - FY04**



Data Table for Measure #1 Chart #2**Recidivism of Parole Returns with Severe Substance Abuse (SACA 4-5)****Referred to the 120 Day ITC program****Released to Parole with a Substance Abuse Score before release**

Offenders with Severe Substance abuse	Program Outcome	Released At least 6 months	Returned Within 6 months	Percent Returned
120 Day Program	Completed	781	237	30.3%
	Fail	44	16	36.4%
	Total	825	253	30.7%
With prior treatment	Completed	38	6	15.8%
No treatment		1,081	350	32.4%

Gain from successfully completing treatment

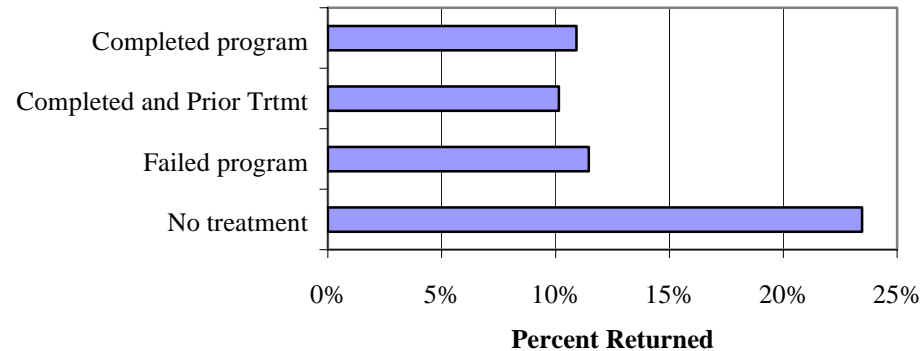
Difference between those who Failed & those who Completed program	6.1%
Difference between those did not have program & those who Completed	2.1%
Difference between those who had no treatment and those who Completed with prior treatment	16.6%

Description of Measure #1 Chart #2

This measure indicates the number of parolees with severe substance abuse who were re-released to parole after completing an institutional 120-day treatment program and who are returned to prison within six months of release. The department measures severe substance abuse as a score of 4 or 5 on the substance abuse classification assessment (SACA, see Glossary). The recidivism rate is computed for six months because the SACA was introduced in mid 2002 and an insufficient number of offenders have been assessed prior to treatment referral to calculate the rate for a longer period. Using a substance abuse measure enables a comparison in recidivism between offenders with an addiction who complete treatment and those addicted offenders who do not receive treatment.

Measure #2 Chart #2

Recidivism Rate after six months of Offenders with Severe Substance Abuse who completed the Long Term Drug Program and released to Parole in FY03 - FY04



Data Table for Measure #2 Chart #2

Recidivism of Board Referred Offenders with Severe Substance Abuse (SACA 4-5)

To the Long Term Drug Program

Released to Supervision with a Substance Abuse Score before release

Offenders with Severe Substance abuse	Program Outcome	Released At least 6 months	Returned Within 6 months	Percent Returned
Long Term Drug	Completed	513	56	10.9%
	Fail	131	15	11.5%
	Total	644	71	11.0%
With prior treatment	Completed	138	14	10.1%
No treatment		2,694	632	23.5%

Gain from successfully completing long term drug treatment

Difference between those who Failed & those who Completed program	0.6%
Difference between those did not have program & those who Completed	12.6%
Difference between those who had no treatment and those who Completed with prior treatment	13.4%

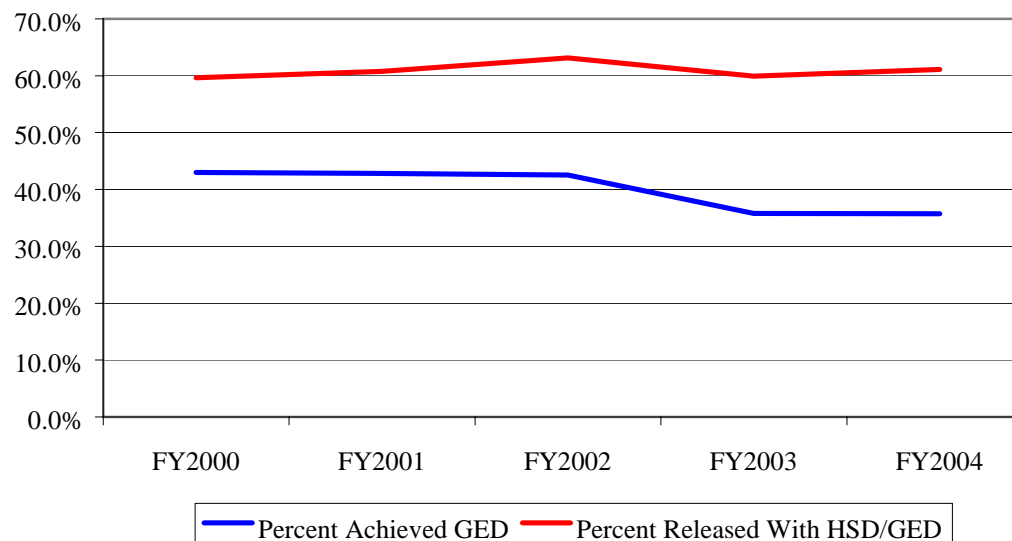
Description of Measure #2

This measure indicates the number of offenders with severe substance abuse who were released to parole after completing an institutional long-term treatment program and who are returned to prison within six months of release. The department measures severe substance abuse as a score of 4 or 5 on the substance abuse classification assessment (SACA, see Glossary). The recidivism rate is computed for six months because the SACA was introduced in mid 2002 and an insufficient number of offenders have been assessed prior to treatment referral to calculate the rate for a longer period. Using a substance abuse measure enables a comparison in recidivism between offenders with an addiction who complete treatment and those addicted offenders who do not receive treatment.

EDUCATIONAL PROGRAM MEASURES

MEASURE #3 Chart #1

Percent of Offenders admitted without a High School Diploma (HSD) achieving a General Equivalency Diploma (GED) before release and the Percent of Offenders released with a HSD/GED



Data Table for Measure #3 Chart #1

Percent of Offenders Admitted to Prison without a High School Diploma who achieved a GED before release and the percent of offenders released with a HSD/GED

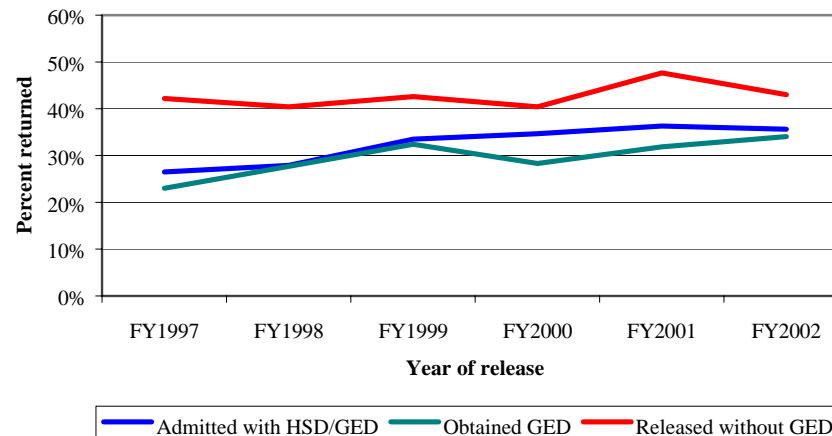
	Releases	Entered with no HSD	Achieved GED	Percent Achieved GED	Released With HSD/GED	Percent Released With HSD/GED
FY2000	10,079	7,101	3,052	43.0%	6,009	59.6%
FY2001	11,526	7,868	3,368	42.8%	7,005	60.8%
FY2002	11,726	7,485	3,184	42.5%	7,403	63.1%
FY2003	14,158	8,805	3,153	35.8%	8,485	59.9%
FY2004	15,692	9,471	3,385	35.7%	9,585	61.1%
TOTAL	72,877	47,936	19,155	40.0%	43,957	60.3%

Description of Measure #3 Chart #1

This measure indicates the population released from prison with either a verified high school diploma (HSD) or with a general equivalency diploma (GED) that was achieved either before admission or during the incarceration. On admission to prison educational attainment is verified during the reception and classification processes. Offenders serving 120-day sentences and released to probation are not included in the measure because the offenders do not go through a full classification process, although 120-day offenders can attend education classes.

MEASURE #3 Chart #2

Recidivism and Education
First Releases from FY97 to FY02



Data Table for Measure #3 Chart #2

Recidivism and Education

Recidivism After Two Years From Release

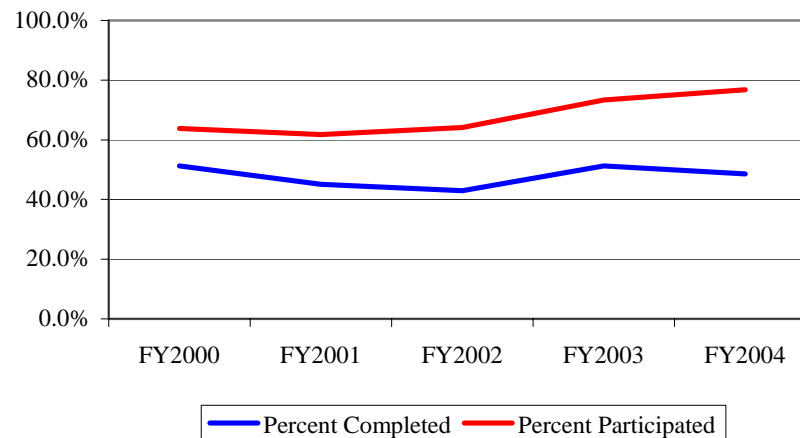
	Admitted with HSD/GED			Obtained GED			Released without GED		
	Releases	Returns	Percent Return	Releases	Returns	Percent Return	Releases	Returns	Percent Return
FY1997	302	80	26%	599	138	23%	2,243	947	42%
FY1998	491	137	28%	1,119	310	28%	2,009	812	40%
FY1999	865	290	34%	1,355	439	32%	1,848	787	43%
FY2000	1,050	364	35%	1,056	299	28%	1,586	641	40%
FY2001	1,260	457	36%	1,032	329	32%	1,680	801	48%
FY2002	1,310	467	36%	832	283	34%	1,552	668	43%
TOTAL	5,278	1,795	34%	5,993	1,798	30%	10,918	4,656	43%

Description of Measure #3 Chart #2

This measure indicates the number of offenders on first release who return to prison within two years. Offenders who were released with a high school diploma (HSD) or general equivalency diploma (GED) are compared to offenders who do not have an educational diploma. Offenders serving 120-day sentences and released to probation are not included in the measure because they do not go through a full classification process.

Measure #4 Chart #1

The Percent of Sex Offenders Released From Prison who had participated and completed MOSOP



Data Table for Measure #4 Chart #1

Participation and Completion of MOSOP by Sex Offenders before First Release

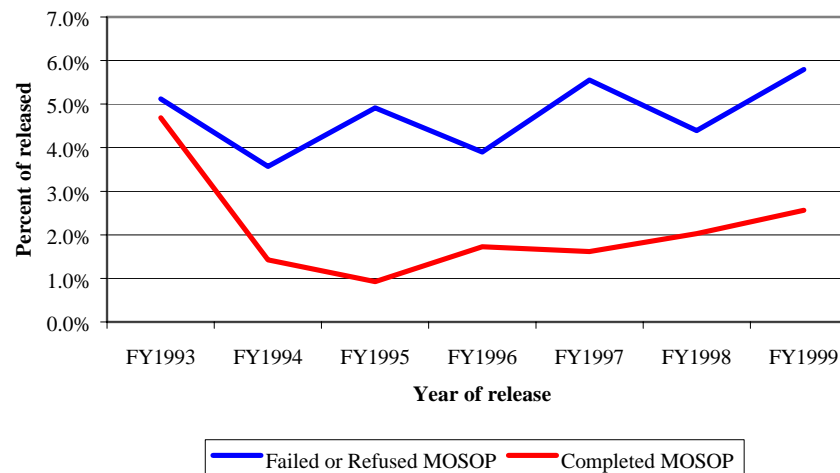
	Sex Offenders Released	of which		Percent of which	
		Participated in program	Completed Program	Participated in program	Completed Program
FY2000	279	178	143	63.8%	51.3%
FY2001	264	163	119	61.7%	45.1%
FY2002	349	224	150	64.2%	43.0%
FY2003	390	286	200	73.3%	51.3%
FY2004	391	300	190	76.7%	48.6%
TOTAL	1,947	1,349	973	69.3%	50.0%

Description of Measure #4 Chart #1

This measure indicates the number of offenders mandated to complete the Missouri Sex Offender Program who have successfully completed the program before the first release from prison. The number of sex offenders who have been enrolled in the program is also shown as a percent of releases.

Measure #4 Chart #2

Recidivism of Sex Offenders after Five Years Percent convicted of new Sex Offenses First Released FY93-FY99



Data Table for Measure #4 Chart #2

Year of First Release	First Released	New Sex Conviction	Percent New Conviction
<i>Completed MOSOP</i>			
FY1993	64	3	4.7%
FY1994	70	1	1.4%
FY1995	108	1	0.9%
FY1996	116	2	1.7%
FY1997	124	2	1.6%
FY1998	148	3	2.0%
FY1999	156	4	2.6%
Total	786	16	2.0%
<i>Failed or Refused MOSOP</i>			
FY1993	254	13	5.1%
FY1994	252	9	3.6%
FY1995	224	11	4.9%
FY1996	205	8	3.9%
FY1997	180	10	5.6%
FY1998	91	4	4.4%
FY1999	69	4	5.8%
Total	1,275	59	4.6%
All First Releases	2,061	75	3.6%

Description of Measure #4 Chart #2

This measure indicates the number of sex offenders released from prison and who are convicted of another sex offense within five years of release. A five-year time frame is used to measure recidivism because the literature on sex offender recidivism indicates that at least five years is necessary to properly measure re-offending.

Data Sources for Measures #1 through #4

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.]

Why These Measures are Important

- 1. Measure #1 - Program Outcomes for Parolees in 120-Day Treatment:** The Department provides 120-day treatment for offenders returned from parole. If parolees do well in treatment they will be returned to the community, otherwise many will remain incarcerated until the completion of their sentence. Substance abuse treatment literature shows that an appropriate match between treatment need and treatment level leads to the best results. Good results mean both that the person does not have a high level of use after treatment and that the person does not come back to the Department of Corrections after treatment.
- 2. Measure #2 - Program Outcomes for Parolees in Long-Term Treatment:** The Department provides long term drug treatment for offenders serving term sentences and for offenders returned from parole. If offenders do well in treatment, the Board of Probation and Parole will advance the release date; otherwise many inmates will be released on conditional release and many parole returns may serve out their sentence in prison. Substance abuse treatment literature shows that an appropriate match between treatment need and treatment level leads to the best results. Good results mean both that the person does not have a high level of use after treatment and that the person does not come back to the Department of Corrections after treatment.
- 3. Measure #3 – Offenders released with GED/HSD:** Research has proven that offenders who have a GED or equivalent recidivate at a lower rate than offenders who do not achieve that level of education. Offenders who have a GED or equivalent also show a higher employment rate upon release than offenders who do not.
- 4. Measure #4 - Released Sex Offenders Who Completed Missouri Sex Offender Program (MOSOP):** Sex offenders who successfully complete treatment are less likely to recidivate for a new sex offense than those who have not completed treatment. This translates into lower crime and victimization rates. Treatment for sex offenders enhances public safety.

Trend Analysis

- 1. Measure #1 - Program Outcomes for Parolees in 120-Day Treatment:** The completion rate for parolees completing the 120-day program increased in FY04 and is expected to be maintained through FY06. The five-year average is significantly lower than the FY04 achievement. The department is continuing to work to make the five-year average as high as the FY04 rate. There is no trend analysis of the recidivism rates using the Department's substance abuse classification because the classification has not been in use long enough.
- 2. Measure #2 - Program Outcomes for Parolees in Long-Term Treatment:** The completion rate for inmates and parole returns completing the long-term drug program increased in FY04 but is lower than in previous years. The rate is expected to improve further in FY05 and FY06. There is no trend analysis of the recidivism rates using the Department's substance abuse classification because the classification has not been in use long enough.

Data Table for Trend Analysis of Measures #1 and #2

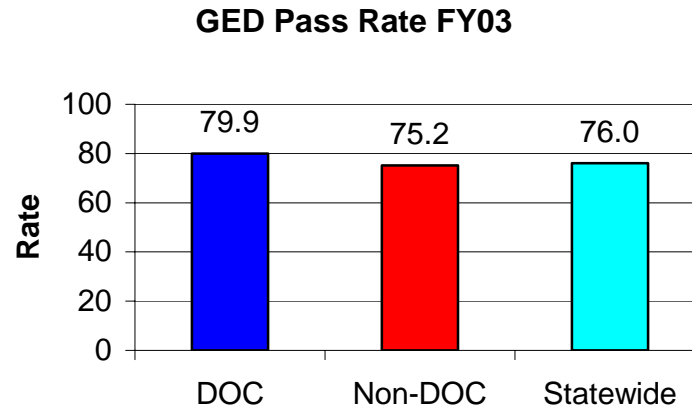
	Program Success Rate					Target	
	FY00	FY01	FY02	FY03	FY04	FY05	FY06
120 Day Treatment	80.5%	74.0%	80.2%	80.1%	82.6%	83%	83%
Long Term Drug	80.7%	61.6%	67.2%	59.7%	63.1%	64%	65%

3. **Measure #3 – Offenders released with GED/HSD:** The number of released offenders who achieved a GED while incarcerated has increased since FY 2000. The department experienced an increase in new admissions in FY01 and FY02 as well as budget constraints on education services. Since FY00, a decline in the caused the number of released offenders who had achieved a GED as a percent of all released offenders who had been admitted without a high school diploma or GED. The percent of released offenders with a high school diploma or GED in FY04 (61%) is slightly higher than the percent in FY00 (60%) because the number of offenders entering with a high school diploma has been increasing in recent years. The average differential between the recidivism of HSD/GED offenders and other offenders was 11% for releases from FY97 to FY02.
4. **Measure #4 - Released Sex Offenders Who Completed Missouri Sex Offender Program (MOSOP):** There has been a significant increase in the number of sex offenders enrolled in MOSOP in recent years but the percent of sex offenders released who completed MOSOP has remained around 50%. The differential in recidivism between those who complete MOSOP and those who fail or refuse to enter the program has been maintained at 2.6% over the last seven years. (2.0% by MOSOP completers compared to 4.6% the failures/refusals).

How Missouri Compares to Others

National statistics are lacking that compare Missouri to other states in regards to substance abuse treatment, sex offender treatment and education in prison. However, the Department of Corrections is able to make the following comparisons:

1. **Measure #1 - Program Outcomes for Parolees in 120-Day Treatment:** No comparison is provided regarding this area.
2. **Measure #2 - Program Outcomes for Parolees in Long-Term Treatment:** No comparison is provided regarding this area.
3. **Measure #3 – Offenders released with GED/HSD:** According to information from the Department of Elementary and Secondary Education (DESE), Missouri Department of Corrections administered 1,613 GED tests in FY03. A total of 1,289 parolees passed which yields a pass rate of 79.9% (shown in the next chart). This figure exceeds the Department of Elementary and Secondary Education's expectation of a 70% pass rate and the statewide rate (illustrated by the chart that follows).



Data Source: DESE, P.O. Box 480, Jefferson City, MO 65102, (573) 751-4212, Vocational and Adult Education Division, Vocation Education Statistics for FY03

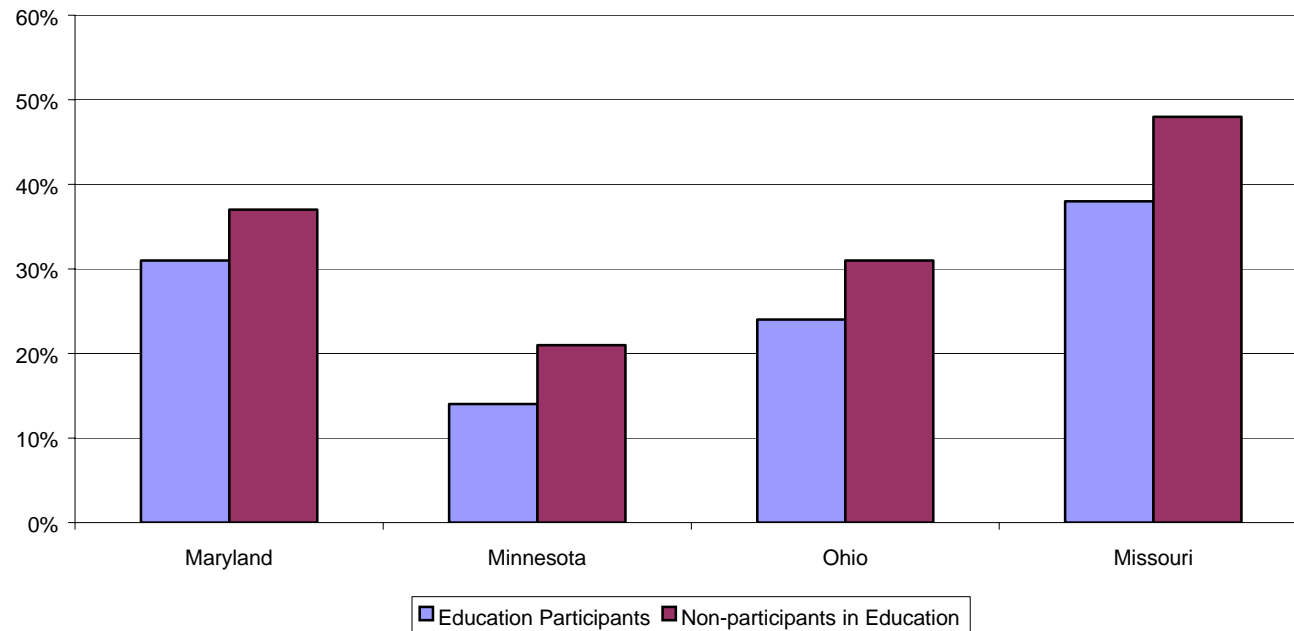
Description of the Measure: This chart measures GED pass rates for FY03 in three ways:

- **DOC:** The number of parolees within DOC prisons that passed their GED test divided by the total number of GED tests administered within DOC.
- **Non-DOC:** The total number of individuals who passed GED tests divided by the total number of individuals taking GED tests, reported by non-DOC agencies.
- **Statewide:** The total number of individuals who have taken and passed their GED tests statewide (this includes DOC parolees taking tests in prisons) divided by the total number of individuals who took GED tests statewide.

It should be noted that the DOC formula for calculating the pass rate is more stringent than the formula used by DESE. DOC tracks and counts every test administered and reports each test result separately, even if the same parolee takes the test multiple times. Per DESE, a student failure is counted only once. An individual's name is entered into the DESE computer when the GED application is received. The computer notes when the individual takes the GED and the scores. If the individual does not pass, the computer notes what sub-tests must be taken again. DESE does not use the second test in their percentage formula - an individual is charged with only one possible failure.

A three-state study by the Correctional Education Association shows that recidivism is decreased when parolees participate in correctional education programs (see chart that follows). Like the three-state study, Missouri's prison education participants return to prison at a significantly lower rate than non-participants.

Three Year Recidivism



Data Source: Report “Education Reduces Crime, Three-State Recidivism Study – Executive Summary” by the Correctional Education Association (February, 2003, available at [www.ceanational.org/documents/3State Final.pdf](http://www.ceanational.org/documents/3State%20Final.pdf)),

Description of the Measure: This chart measures the number of parolees who returned to prison three years after their release shown in two categories for each of the three states included in this study:

- Those parolees who participated in an education program while incarcerated.
- Those parolees who did not participate in an educational program while in prison.

- 4. Measure #4 - Released Sex Offenders Who Completed Missouri Sex Offender Program (MOSOP):** Arizona Department of Corrections reported the results of a ten-year follow up study of sex offenders released from 1988 to 1998. The average period of release was 5 years. Arizona had a lower rate of technical revocations than Missouri but had higher rates of new convictions for sex and other offenses.

Sex Offender Five Year Recidivism Comparison

	Arizona	Missouri
All Returns	20.8%	35.5%
New conviction	14.2%	12.4%
New sex conviction	3.3%	2.6%

Data Source: www.adc.state.az.us

Factors Influencing the Measure

1. Measure #1 - Program Outcomes for Parolees in 120-Day Treatment:

- The level of treatment offenders need and the level of treatment they are given can impact this measure. If there is a mismatch between need and treatment delivery, recidivism may be higher.
- The mix of offenders in treatment can impact successful completion rates. If first-time offenders are mixed with hardened repeat offenders, they may have worse treatment outcomes.
- The measure can be impacted by the offenders' mental health. Offenders who are mentally ill recidivate at a much higher rate than offenders who are not mentally ill. If the offender has a co-occurring mental health and substance abuse disorder, and these offenders are disproportionately represented in the sample population, the recidivism rate would climb.
- The way the Department measures program failure includes program refusals and withdrawals. When offenders have the perception that they will not have negative consequences for program refusal, the negative termination rate rises, dragging down the program success rate. Offenders often believe they can refuse one program and go to another. For example, they will refuse treatment at Farmington Correctional Center and try to get into treatment at Cremer Therapeutic Community because Cremer has air conditioning and Farmington does not. The Department has initiated policy changes to reduce this type of program switching.
- How offenders who have refused the program or left unsuccessfully are housed impacts the negative termination rate. Many programs have open bay housing, with large numbers of program participants housed together. This setting can be conducive to treatment when offenders learn positive ways to socialize and exert peer pressure on each other to complete treatment assignments. The same setting can also backfire when offenders who are no longer program participants are still housed in the open bay. Timely transfer of non-participants reduces program disruption and increases the program success rate.

2. Measure #2 - Program Outcomes for Parolees in Long-Term Treatment:

- The level of treatment offenders need and the level of treatment they are given can impact this measure. If there is a mismatch between need and treatment delivery, recidivism may be higher.
- The mix of offenders in treatment can impact successful completion rates. If first-time offenders are mixed with hardened repeat offenders, they may have worse treatment outcomes.
- The measure can be impacted by the offenders' mental health. Offenders who are mentally ill recidivate at a much higher rate than offenders who are not mentally ill. If the offender has a co-occurring mental health and substance abuse disorder, and these offenders are disproportionately represented in the sample population, the recidivism rate would climb.
- The way the Department measures program failure includes program refusals and withdrawals. When offenders have the perception that they will not have negative consequences for program refusal, the negative termination rate rises, dragging down the program success rate. Offenders often believe they can refuse one program and go to another. For example, they will refuse treatment at Ozark Correctional Center and try to get into treatment at Maryville Treatment Center because Maryville does not require factory work in the last phase of treatment, and Ozark does. The Department has initiated policy changes to reduce this type of program switching.
- How offenders who have refused the program or left unsuccessfully are housed impacts the negative termination rate. Many programs have open bay housing, with large numbers of program participants housed together. This setting can be conducive to treatment when offenders learn positive ways to socialize and exert peer pressure on each other to complete treatment assignments. The same setting can also backfire when offenders who are no longer program participants are still housed in the open bay. Timely transfer of non-participants reduces program disruption and increases the program success rate.

3. Measure #3 – Offenders released with GED/HSD:

- As offenders practice test-taking skills, and staff receive professional development, pass rates improve. One factor to consider is that some sites offer the GED test continually, while others offer it a few times a year, based on the number of offenders at each site who are ready to test. Some offenders may wait for several months before they are able to take the test because of the testing frequency of their site. This may impact their pass rate.
- State law requires offenders to achieve or show a good faith effort toward attaining a GED, which accounts for the number of offenders released without a GED.

4. Measure #4 - Released Sex Offenders Who Completed Missouri Sex Offender Program (MOSOP):

- The delivery of treatment services impact the completion rate and the competency demonstrated with treatment concepts.
- The composition of treatment groups impact the completion rate and the competency demonstrated with treatment concepts.
- The curriculum used to deliver sex offender treatment impacts the completion rate and the competency demonstrated with treatment concepts.

What Works

- Matching the offender need with the substance abuse treatment level works. Substance abuse treatment literature reiterates the efficacy of matching treatment need with treatment level. Over-treating is not effective and under-treating is not effective.
- Matching the level of sex offender treatment with the offender's need level works. Several assessments indicate the level of treatment need. MOSOP has adopted the use of the most effective assessment tools to determine the level of need for sex offender treatment.
- Treatment groups composed of offenders with similar treatment needs are effective. Group time is more effectively used in addressing the needs of the group when the needs are similar. For example, people with co-occurring disorders have a different set of needs than people with a propensity for violence when they are under the influence. Both sets of needs can be addressed in the same group, but it is most effective to have group composition of people with similar needs.
- Intensive treatment followed with aftercare is effective.
- Intensive therapeutic communities are effective in substance abuse treatment. This model of treatment holds parolees accountable for their own behavior and progress through the program. This model is also extremely cost-effective when linked with continued care in the community.
- The progression from academic education to vocational education to employment works. Graduates of the programs are prepared for the requirements of employment and are more employable.
- Parolees' participation in correctional education programs is effective.

Concerns

- Treatment staffing levels in the 120-day treatment program are well below the staffing levels recommended by the Department of Mental Health for certification. A staffing ratio of 25 offenders per staff person (certification level) allows for effective delivery of treatment. Clinical research shows the most effective level of staffing for treatment in a group environment is 10 participants or less per staff person. By meeting the certification level of staffing, offenders receive better programming more tailored to their individual needs and are less likely to relapse.
- Mixing populations in the same treatment program has led to housing hardened criminals with first time offenders. This mix does not allow the treatment program to be tailored to the needs of each population.
- Many programs lacked clinical supervision until FY 04, so the outcomes prior to that date do not reflect clinical oversight.
- Treatment durations have been cut to match the restrictions set by federal funding of long term treatment. Federal funds have a maximum of one year.
- The Department of Corrections recognizes that in order to maintain program integrity, completion rates will not reach 100%. Program graduation must require work to have meaning to both the graduates and the community. We work to balance program integrity and a high completion rate.
- The Department does not use the comparison with program failures to measure the gain from treatment for institutional substance abuse programs because many offenders who fail treatment programs are not released until the conditional release date or, for parole violators, on the expiration of sentence. The Department uses the closest matched comparison group based on substance abuse history and treatment needs.

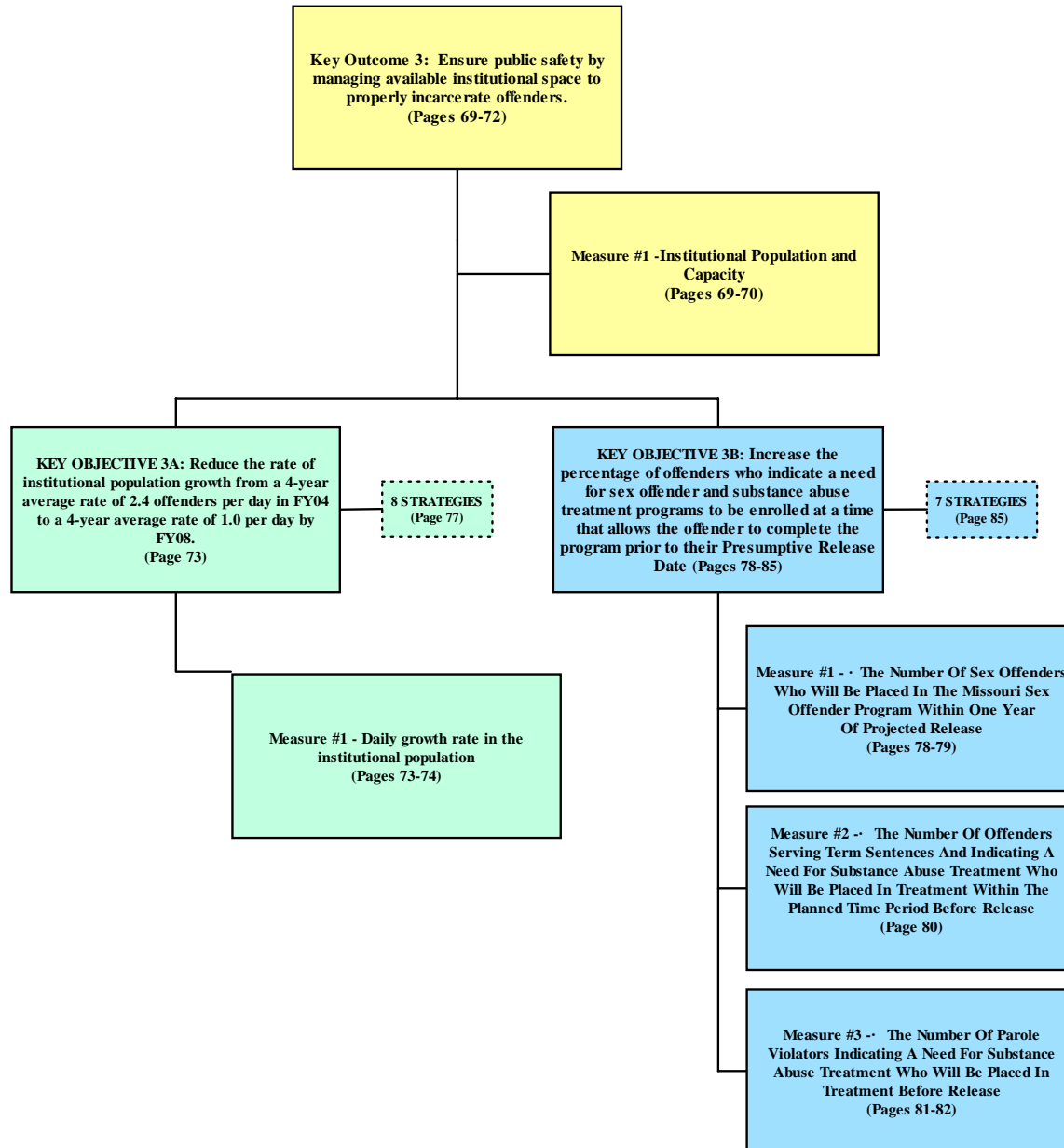
Other Sources of Information

- DESE, P.O. Box 480, Jefferson City, MO 65102, 573-751-4212
- National Institute for Correctional Education, Indiana University of Pennsylvania, Gordon Hall Room 228, 301 East Walk, Indiana, PA 15701, (724) 357-3159.

Key Strategies

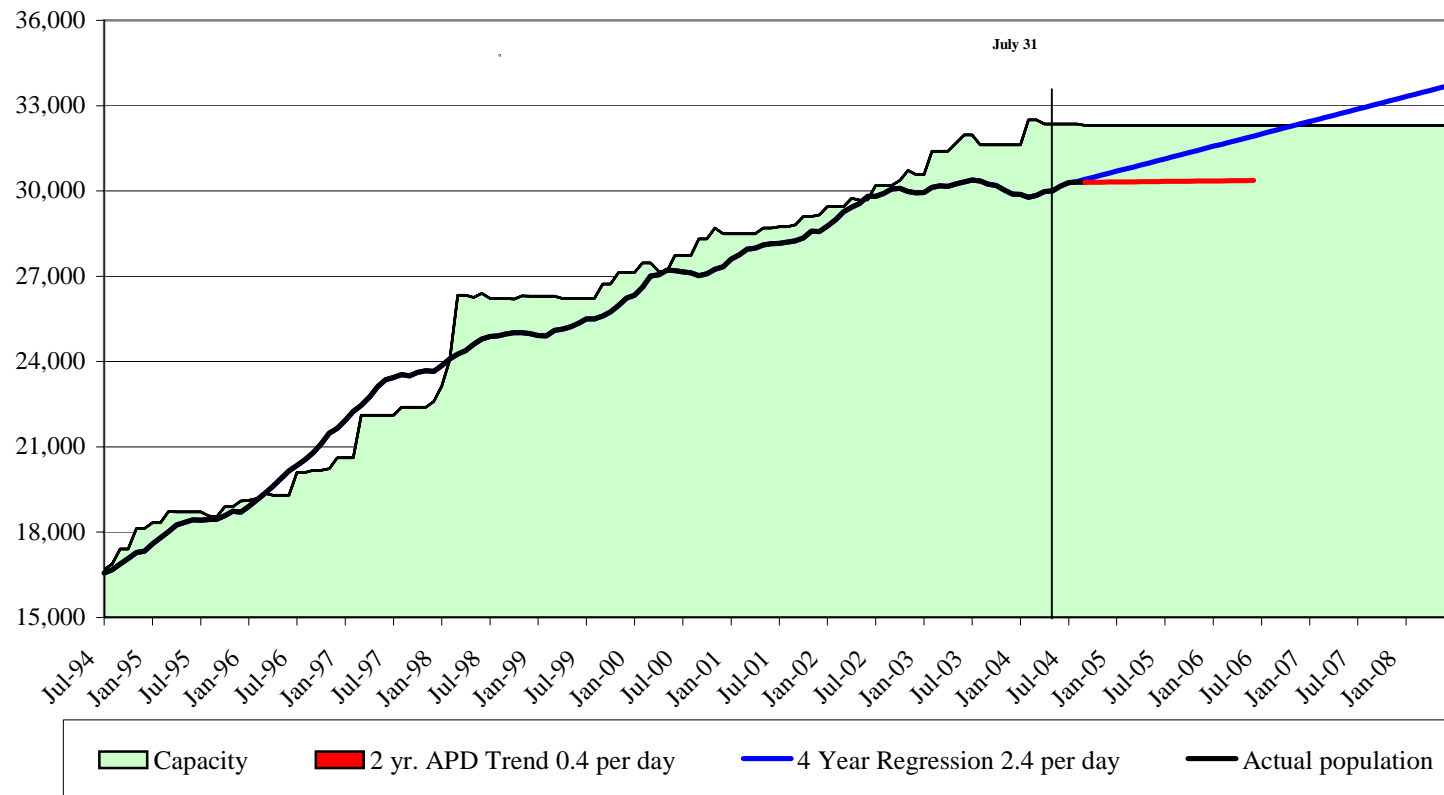
1. Establish a personalized Transition Accountability Plan (TAP) for all offenders.
2. Establish standardized criteria for termination from Institutional Treatment Centers (ITC) and modify program-tracking field to include entry of different reasons for termination.
3. House previously incarcerated offenders referred for treatment in a 120-day treatment program separately from court ordered offenders sentenced to their first incarceration.
4. Assess all sex offenders & identify any offenders who may benefit from treatment in the community, applying rigorous standards to ensure the safety of Missouri's citizens.
5. Assign offenders to appropriate programs based on the characteristics that differentiate those that succeed and fail in different programs and strategies.
6. Establish specialized housing units in all custody level 2 and 3 institutions for offenders preparing for transition, including specially trained staff and full transition resources.
7. Work with DMH to revise DMH institutional substance abuse treatment certification standards to place emphasis on discharge planning, transition practices, and successful linkage to community providers for continuity of care.
8. Implement standards of care for mental health and substance abuse professionals working with released offenders and Probation and Parole Officers in the community.
9. Implement a standardized substance abuse screening and assessment protocol for all offenders.
10. Establish a means for offenders who complete institutional substance abuse treatment to obtain a referral for continuing outpatient treatment in the community, including an initial appointment, prior to release.
11. Increase coordination between substance abuse treatment and mental health treatment providers.
12. Require that all DOC-funded and -operated institutional substance abuse treatment programs meet certification standards established by the Department of Mental Health in consultation with the Department of Corrections.
13. Develop a wider range of housing options for offenders released from institutions, including transitional housing for recovering substance abusers.
14. Develop a Work-Study Program to allow designated offenders to work part-time in MVE at premium pay jobs while attending GED classes.
15. Implement computer-based GED components for all offenders enrolled in the correctional school system.

KEY OUTCOME 3



Key Outcome 3: Ensure public safety by managing available institutional space to properly incarcerate offenders.

**Institutional Population and Capacity
FY94 to FY08
Population on July 31, 2004**



Data Table
Institutional Prison Capacity and Population Growth

	FY94	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	Population Forecasts	
												2 yr ADP Trend FY06	4 yr Regression FY08
Capacity	16,685	18,719	19,296	22,113	26,396	26,224	27,726	28,698	29,690	31,976	32,354	32,310	32,310
Population	16,356	18,434	20,341	23,359	24,795	25,344	27,203	28,147	29,813	30,320	30,172	30,368	33,683
Net Capacity	329	285	-1,045	-1,246	1,601	880	523	551	-123	1,656	2,182	1,942	-1,373
Growth per day	1.16	5.69	5.22	8.26	3.93	1.50	5.09	2.58	4.56	1.39	-0.41	0.41	2.40

Data Source

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data. [NOTE: OPII is the department’s primary offender management database storing information that can be used for statistical purposes.]

Description of the Measure

The institutional population projections on the previous page reflect two different projection methods, the 4-year average rate and the 2-year average daily population rate (ADP). The 4-year average rate is a linear regression analysis based on the end of the month population for each month for the last 4 years. The ADP rate is the change in the average daily population rate from FY03 to FY04. The operational capacity is based on the total number of available beds for the institutional prison population statewide, including community release centers.

Why This Measure is Important

This graph shows the projected rate of inmate growth anticipated by the Department compared to existing and anticipated offender beds. This information guides the department in making decisions regarding new construction, use of interim housing, population management strategies, and alternatives to incarceration. Effective correctional management ensures that sufficient secure bed and program space is available and that the space is managed to provide for the needs of the public, staff and offenders.

Trend Analysis

The prison population fell in FY04 by 148 offenders. However, over the last 10 years, the population has increased at a daily rate of 3.78 per day and the population has doubled since January 1992. The latest long term forecast that is based on an average of the growth over the last four years indicates a growth rate of 2.4 per day. However, the short term rate (ADP) that is based on the growth over the last two years indicates a growth rate of 0.41 per day. Over the last two years, with an increase in parole releases in both FY03 and FY04, the population growth has been low. Because the annual growth rate does often fluctuate widely from year to year, the department uses a longer time period (four years) to forecast population growth.

The department expects to sustain the increase in releases because of reductions in time served for non-violent offenders, when supported by offender risk assessment and suitable supervision and treatment strategies. At the same time, prison admissions continue to increase. The long term expectation is that the prison population will continue to increase but the rates will be lower than the rates in the 1990s.

How Missouri Compares with Others

The inmate population nationally, according to Bureau of Justice Statistics Bulletin titled “Prisoners in 2002,” grew at a rate of 2.6% in calendar year 2002 as compared with the growth rate of Missouri prisons of 4.7% for calendar year 2002. Over the last eight years the state and federal prison population has grown at an annual rate of 3.6 per year compared to a growth rate of 6.7% per year in Missouri.

Factors Influencing the Measure

- Changes in legislation have increased the number of offenders serving sentences where there is a mandatory minimum period of incarceration prior to release.
- Changes in criminal code, criminal practices, Court sentencing practices and Parole Board release policies have all directly impacted the institutional population.
- The availability of institutional programming resources necessary to effect positive and long lasting change in offender behavior can impact the return rate and decrease institutional population growth.
- The opening of community supervision centers, which offer diversion options, should decrease the institutional population growth rate beginning in FY06.

What Works

A major part of the Department’s population management strategies involve better transitioning of the offender from prison to community as soon as public risk and offender need permit.

Effective management and responsive supervision of the population includes:

- Providing capacity for secure confinement, support services and programming commensurate with offender needs.
- Providing pre-release programs and planning that identifies offender needs and targets the application of institutional and community resources to mitigate the need.
- Managing existing facility capacity efficiently and effectively.
- Ensuring the confinement of inmates is constitutional.
- Supervision strategies to effectively intervene with offenders under community supervision, such as Community Supervision Centers.

Concerns

- The female population has continued to increase and since June 2004 the population has exceeded the existing prison capacity. The department has plans for the temporary provision of additional female beds but no new female prison is planned. The male capacity is expected to be exceeded by March 2007 using the long term projection of 2.14 beds per day.
- If new prisons are needed by FY07, the funding and construction timeline of a new secure facility should have already begun in FY03.

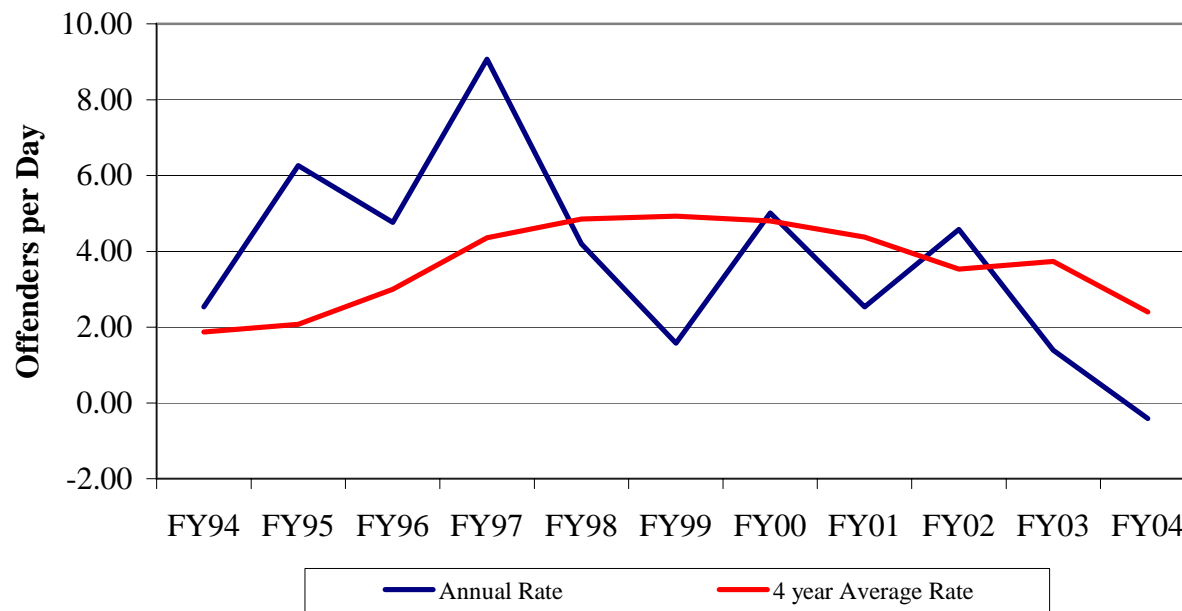
Other Sources of Information

The 2001 Corrections Yearbook – Adult Corrections published by Criminal Justice Institute, Inc.

Bureau of Justice Statistics: Criminal Justice Institute, Inc. 213 Court Street, Suite 606, Middletown, CT 06457, www.cji-inc.com

KEY OBJECTIVE 3A: Reduce the rate of institutional population growth from a 4-year average rate of 2.4 offenders per day in FY04 to a 4-year average rate of 1.0 per day by FY08.

**Daily Growth Rate in the Institutional Population,
FY94-FY04**



Data Table

Admissions and Releases per Day

	Admissions	Releases	Net Population Change	4 year Moving Ave.
FY94	30.1	27.5	2.53	1.87
FY95	34.2	27.9	6.27	2.08
FY96	34.5	29.7	4.76	2.99
FY97	37.8	28.8	9.07	4.36
FY98	37.8	33.6	4.20	4.85
FY99	38.9	37.4	1.58	4.92
FY00	44.3	39.3	5.01	4.80
FY01	45.9	43.3	2.53	4.38
FY02	48.1	43.6	4.58	3.53
FY03	52.7	51.3	1.39	3.73
FY04	55.5	55.6	-0.41	2.40

Target Population Growth

FY05	1.97
FY06	1.72
FY07	1.08
FY08	1.00

Data Source

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.]

Description of the Measure

DOC measures growth in the institutional population by measuring the daily net growth in the offender population confined in the department's correctional centers. This is calculated by subtracting the total number of releases from the total number of admissions.

Why This Measure is Important

Institutional resources are limited with no new prisons currently under planning or construction. Based on the current growth rate, the Department expects a bed shortage for males in March 2007 but there is a current shortfall of female beds.

Trend Analysis

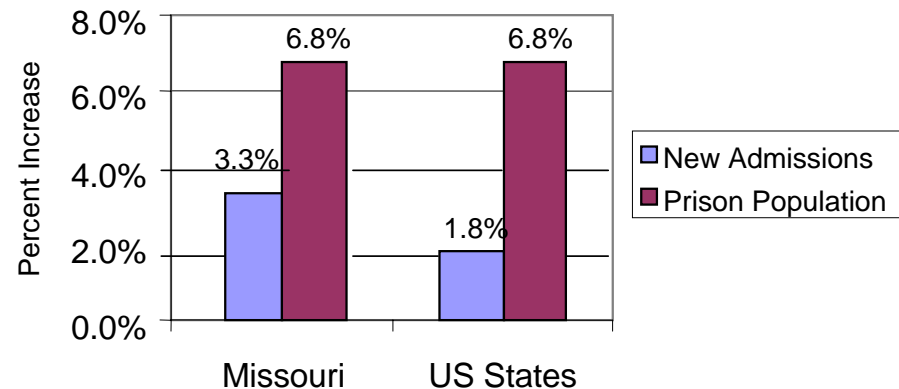
During the past year, the growth in the institutional population has been reduced from 1.39 per day to -0.40 per day in FY04. The reduction in the growth rate has been achieved through a 13% increase in parole releases and a 1.3% decline in new institutional admissions.

The department forecasts that the institutional growth rate over the next two years will be at 0.4 offenders per day and the regression-based four year forecast indicates a continued growth rate of 2.4 offenders per day.

How Missouri Compares with Others

The US Bureau of Justice Statistics publishes comparable statistics. For the latest available ten-year period, the new prison admissions for all US States have also lagged well behind the growth in the state prison population. Missouri's prison growth was comparable to the US, but new admissions in Missouri have grown at a faster rate.

**Annual Growth Rates in New Admissions and Prison Population
(1989-1998)**



Data Source: 1. Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.] 2. Bureau of Justice webpage's spreadsheet data: <http://www.ojp.usdoj.gov/bjs/dtdata.htm>; National Corrections Reporting Program (NCRP) collects data annually on prison admissions and releases and on parole entries and discharges in participating jurisdictions. Demographic information, conviction offenses, sentence length, minimum time to be served, credited jail time, type of admission, type of release, and time served are collected from individual prisoner records annually starting from 1983. This data can be obtained by contacting the Bureau of Justice Statistics (within the U.S. Department of Justice) at 810 Seventh Street, NW, Washington, DC 20531, (202) 307-0765 or email askbjs@ojp.usdoj.gov.

Description of the Measure: New admissions represent the number of offenders entering the prison system from the community. The number of new admissions to prisons is recorded daily. Prison population is the number of offenders at prisons, which is also recorded daily.

Factors Influencing the Measure

- As offenders are serving minimum mandatory prison terms, the Parole Board loses the discretion to release early.
- Events from 4 years in the past impact this measure, because it is an average of past growth.
- Treatment commitments to the Division of Adult Institutions due to a lack of long-term residential treatment resources in the community will cause institutional population to increase.
- The use of 120-day sentencing options helps control population growth.
- An increase in the number of repeat and violent offenders serving minimum mandatory prison terms will cause population to grow.
- An increase in term sentences to the Division of Adult Institutions by the courts makes population grow.
- An increase in probation revocations will cause the institutional population to grow.
- An increase in parole revocations will cause the institutional population to grow.
- An increase in parole releases will cause population to decrease.

What Works

- Offenders released on parole supervision: The Parole Board has taken a number of initiatives that have resulted in a 22% increase in FY03 and a 13% increase in FY04 in the number of offenders released.
- Alternatives to incarceration that provide treatment and controls for offenders that have been assessed as not being a significant threat to the community provide an option to long term incarceration.
- Development of Community Supervision Centers in those counties providing a disproportionate share of commitments to the prison system. This provides another alternative to the courts and the supervising probation and parole officer other than incarceration in prison.
- Releasing offenders on a risk based guideline release date.
- Increased flexibility in Institutional Treatment Center (ITC) bed utilization, which leads to release.

- Short-term incarceration for a select group of parole violators who can benefit from treatment.
- Improve offender's ability to transition from prison to community through collaboration with other organizations.

Concerns

- The Department has limited influence on the courts and their sentencing practices.
- Current Board practice, while having a significant influence in the per diem growth, is not by itself sufficient to manage the institutional population.
- Admissions have increased at an average of 5% over the last two years making it more difficult to maintain population growth.
- Increasing the number of offenders coming to prison with a minimum mandatory prison term that require longer prison stays before a parole release.
- Community-based programs are the easiest things to reduce during budget shortfalls. Reducing these resources will diminish opportunities to affect changes in criminal behavior and will increase the rate of revocations.
- Certain segments of the population recidivate at a much higher rate than other segments of the population.
- Failure to improve probation and parole success rates will have a negative impact on this measure.

Other Sources of Information

The 2001 Corrections Yearbook – Adult Corrections published by Criminal Justice Institute, Inc.

Bureau of Justice Statistics: Criminal Justice Institute, Inc. 213 Court Street, Suite 606, Middletown, CT 06457, www.cji-inc.com

Key Strategies

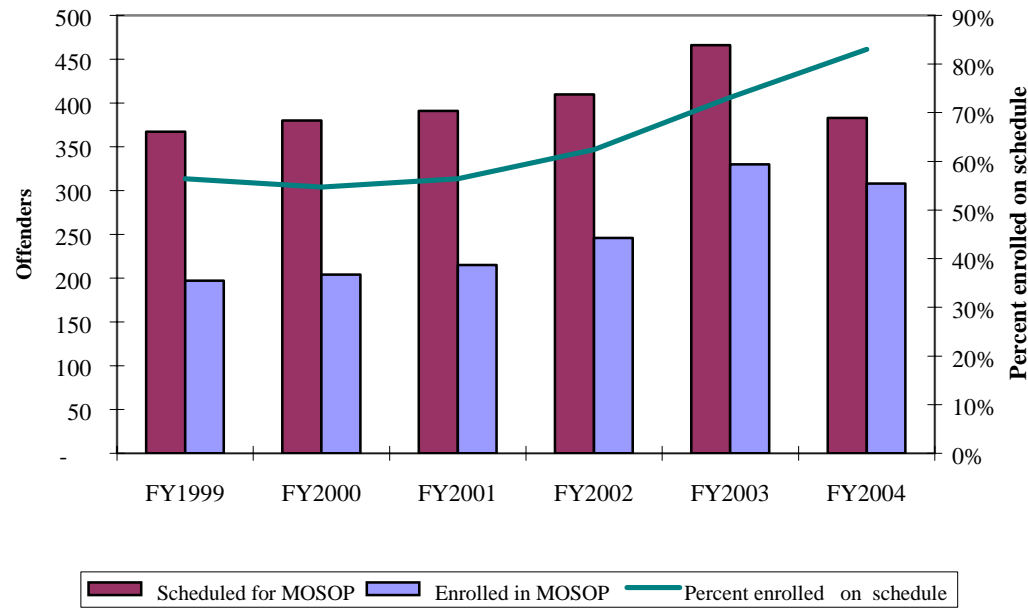
1. Establish a personalized Transition Accountability Plan (TAP) for all offenders.
2. Improve the efficiency and effectiveness of the violation process to improve offenders' success rates.
3. The Parole Board to adopt written procedure and the use of a new risk assessment instrument and new sentence guideline matrix.
4. Establish and support short-term interventions and transition programs for technical probation and parole violations.
5. Establish specialized housing units in all custody level 2 and 3 institutions for offenders preparing for transition, including specially trained staff and full transition resources.
6. Coordinate with the Division of Workforce Development and community-based programs to develop additional employment opportunities for probationers and parolees.
7. Expand programs and practices to improve offender ties to families.
8. Develop a wider range of housing options for offenders released from institutions, including transitional housing for recovering substance abusers.

KEY OBJECTIVE 3B: Increase the percentage of offenders who indicate a need for sex offender and substance abuse treatment programs that are enrolled at a time that allows the offender to complete the program prior to their Presumptive Release Date:

- **The Number Of Sex Offenders Who Will Be Placed In The Missouri Sex Offender Program Within One Year Of Projected Release: Increase from 83.0% to 89% (Measure #1)**
- **The Number Of Offenders Serving Term Sentences And Indicating A Need For Substance Abuse Treatment Who Will Be Placed In Treatment Within The Planned Time Period Before Release: Increase from 17.7% to 25% (Measure #2)**
- **The Number Of Parole Violators Indicating A Need For Substance Abuse Treatment Who Will Be Placed In Treatment Before Release: Increase from 39.2% to 44% (Measure #3)**

Measure #1

Sex Offenders Enrolled in MOSOP by the scheduled entry date



Sex Offenders enrolled in MOSOP by the scheduled entry date

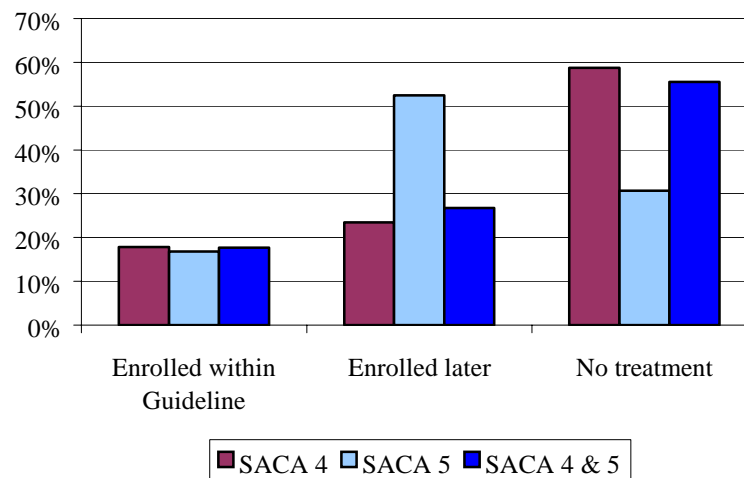
	Scheduled for MOSOP	Enrolled in MOSOP	Offender Refused Program	Not Enrolled in MOSOP	Percent enrolled on schedule
FY1999	367	197	18	152	56.4%
FY2000	380	204	7	169	54.7%
FY2001	391	215	10	166	56.4%
FY2002	410	246	16	148	62.4%
FY2003	466	330	15	121	73.2%
FY2004	383	308	12	63	83.0%

Description of the Measure #1

The Department considers that sex offenders should be placed in MOSOP 12 months prior to the presumptive release date. The measure is the number of sex offenders who were scheduled and placed in MOSOP within the required time frame expressed as a percentage of all offenders scheduled for enrollment in the year. The planned release date is the conditional release date for offenders eligible for conditional release; otherwise it is the sentence completion date.

Measure #2

Percent of Offenders with Severe Substance Abuse who were first released in FY04 and who completed treatment before the Guideline Release Date



Data Table for Measure #2

First Release of Offenders with Severe Substance Abuse in FY2004
Percent who completed treatment before the guideline release date

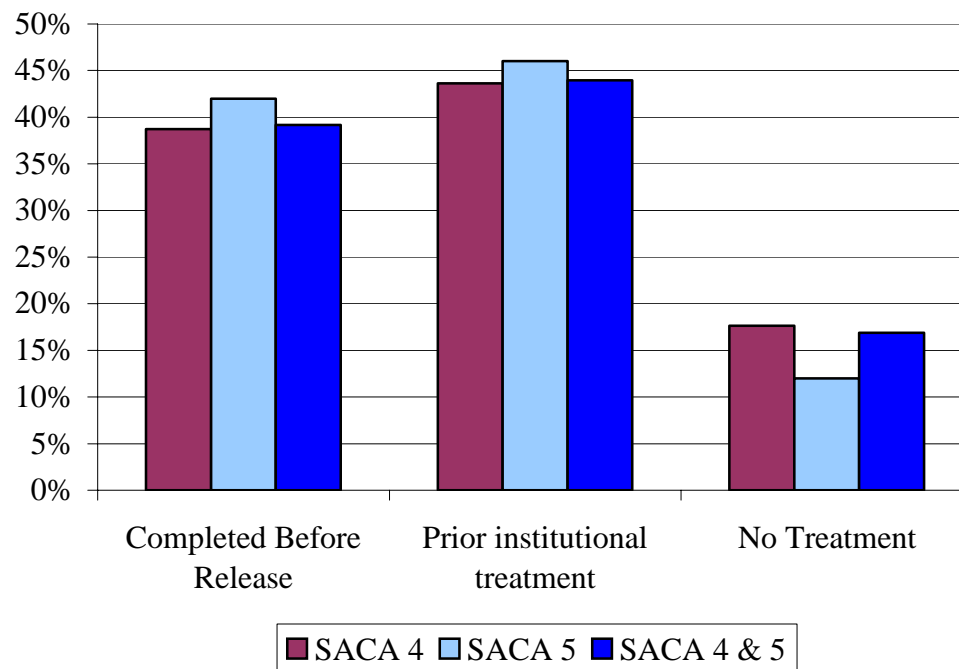
Outcome	SACA 4		SACA 5		SACA 4 & 5	
	Released	Percent	Released	Percent	Released	Percent
Enrolled within Guideline	279	17.8%	34	16.8%	313	17.7%
Enrolled later	368	23.5%	106	52.5%	474	26.8%
No treatment	921	58.7%	62	30.7%	983	55.5%
Total	1,568	100.0%	202	100.0%	1,770	100.0%

Description of the Measure #2

Offenders scoring 4 or more on the Substance Abuse Classification Score (SACA) demonstrate a need for substance abuse treatment in a treatment program of 180 days or more. This measure counts the number of offenders needing substance abuse treatment and who were placed in a treatment program in sufficient time for the offender to be released on the Board's guideline release date. The number is expressed as a percentage of all offenders with severe substance abuse released in the year. Offenders who have entered an institutional treatment program in the last two years or have refused a program are excluded and the data refers to the first release of offenders in the commitment.

Measure #3

Percent of Parole returns with Severe Substance Abuse who completed treatment before release in FY04



Data Table for Measure #3

Release of Parole Returns with Severe Substance Abuse in FY2004

Percent who completed treatment before release

Outcome	SACA 4		SACA 5		SACA 4 & 5	
	Released	Percent	Released	Percent	Released	Percent
Completed Before Release	749	38.7%	126	42.0%	875	39.2%
Prior institutional treatment	844	43.6%	138	46.0%	982	44.0%
No Treatment	341	17.6%	36	12.0%	377	16.9%
Total	1,934	100.0%	300	100.0%	2,234	100.0%

Description of the Measure #3

Parole violators scoring 4 or more on the Substance Abuse Classification Score (SACA) demonstrate a need for substance abuse treatment in a treatment program of 90 days or more. This measure counts the number of returning parolees needing substance abuse treatment and who were placed in a treatment program before release. The count is expressed as a percentage of the number of parole violators with severe substance abuse who were released in the year.

Data Source for Measures #1, #2 and #3

Department of Corrections (DOC) Research Evaluation (RE) Unit using OPII data [NOTE: OPII is the department's primary offender management database storing information that can be used for statistical purposes.]

Why These Measures are Important

1. Measure #1 - The Number of Sex Offenders Who Will be Placed in The Missouri Sex Offender Program Within One Year of Projected Release:

- Successful completion of sex offender treatment leads to reduced recidivism and increased success after incarceration, which improves public safety.
- Access to treatment resources allows the Board of Probation and Parole to make better release decisions and may allow offenders to be considered for early release, thus freeing up prison beds for other offenders.
- Treatment resources are costly and the department has a limited amount of beds and funds for treatment. It is imperative that the department determines the most effective strategies and the optimal number of beds by type of treatment to efficiently use our resources. By placing offenders in the program best suited for their treatment when it is most conducive to affecting their behavior and release date, the department can target treatment resources where they are most effective.

2. **Measure #2 - The Number of Offenders Serving Term Sentences and Indicating a Need for Substance Abuse Treatment Who Will be Placed in Treatment Within the Planned Time Period Before Release:**
 - a. Successful completion of substance abuse treatment leads to reduced recidivism and increased success after incarceration, which improves public safety.
 - b. Access to treatment resources allows the Board of Probation and Parole to make better release decisions and may allow offenders to be considered for early release, thus freeing up prison beds for other offenders.
 - c. Treatment resources are costly and the department has a limited amount of beds and funds for treatment. It is imperative that the department determines the most effective strategies and the optimal number of beds by type of treatment to efficiently use our resources. By placing offenders in the program best suited for their treatment when it is most conducive to affecting their behavior and release date, the department can target treatment resources where they are most effective.
3. **Measure #3 - The Number of Parole Violators Indicating a Need for Substance Abuse Treatment Who Will be Placed in Treatment Before Release:**
 - a. Successful completion of substance abuse treatment leads to reduced recidivism and increased success after incarceration, which improves public safety.
 - b. Access to treatment resources allows the Board of Probation and Parole an alternative to revoking parolees who violate the terms of their parole. Violators can be returned to prison for a period of treatment and then released back onto parole rather than being revoked to serve the remainder of their sentence.
 - c. Treatment resources are costly and the department has a limited amount of beds and funds for treatment. It is imperative that the department determines the most effective strategies and the optimal number of beds by type of treatment to efficiently use our resources. By placing offenders in the program best suited for their treatment when it is most conducive to affecting their behavior and release date, the department can target treatment resources where they are most effective.

Trend Analysis

1. **Measure #1 - The Number of Sex Offenders Who Will be Placed in The Missouri Sex Offender Program Within One Year of Projected Release:** The percent of offenders who are placed in MOSOP within the planned time period increased after the number of beds available for MOSOP was increased in 2001 and 2002. In FY04, however, there was a reduction of 36 beds. The number of offenders scheduled for MOSOP is expected to increase in FY05.
2. **Measure #2 - The Number of Offenders Serving Term Sentences and Indicating a Need for Substance Abuse Treatment Who Will be Placed in Treatment Within the Planned Time Period Before Release:** Because the DOC did not introduce the Substance Abuse Classification until 2002, there is insufficient data to undertake a trend analysis of offenders with severe substance abuse. The Department introduced a 275 bed six-month substance abuse program in January 2003 for inmates with a SACA score of 4 or 5. The program is in addition to the 12-month treatment programs available at Maryville, Ozark and Jefferson City Correctional Centers.

- 3. Measure #3 - The Number of Parole Violators Indicating a Need for Substance Abuse Treatment Who Will be Placed in Treatment Before Release:** Because the DOC did not introduce the Substance Abuse Classification until 2002, there is insufficient data to undertake a trend analysis of returning parolees with severe substance abuse. In addition to the 6 month and 12 month programs described in the trend analysis for measure 2, parolees are also placed in the 120 day programs in the institutional treatment centers.

How Missouri Compares with Others

- 1. Measure #1 - The Number of Sex Offenders Who Will be Placed in The Missouri Sex Offender Program Within One Year of Projected Release:** No comparable national data is available.
- 2. Measure #2 - The Number of Offenders Serving Term Sentences and Indicating a Need for Substance Abuse Treatment Who Will be Placed in Treatment Within the Planned Time Period Before Release:** No comparable national data is available.
- 3. Measure #3 - The Number of Parole Violators Indicating a Need for Substance Abuse Treatment Who Will be Placed in Treatment Before Release:** No comparable national data is available.

Factors Influencing the Measure

- 1. Measure #1 - The Number of Sex Offenders Who Will be Placed in The Missouri Sex Offender Program Within One Year of Projected Release:**
 - a. Availability of qualified personnel and resources to staff MOSOP treatment beds.
 - b. Availability of adequate bed space to perform MOSOP treatment.
 - c. Availability of continued sex offender treatment in the community will affect the duration and success of treatment offered in the institution.
- 2. Measure #2 - The Number of Offenders Serving Term Sentences and Indicating a Need for Substance Abuse Treatment Who Will be Placed in Treatment Within the Planned Time Period Before Release:**
 - a. The department's ability to maintain certified treatment programs.
 - b. Availability of qualified personnel and resources to staff substance abuse treatment beds.
 - c. The ability to provide appropriate aftercare.
 - d. The enactment of legislation as it relates to long-term treatment and the flexibility of treatment options.
 - e. The availability of Federal grants for substance abuse treatment.
- 3. Measure #3 - The Number of Parole Violators Indicating a Need for Substance Abuse Treatment Who Will be Placed in Treatment Before Release:**
 - a. The department's ability to maintain certified treatment programs.
 - b. Availability of qualified personnel and resources to staff substance abuse treatment beds.
 - c. The ability to provide appropriate aftercare.
 - d. The enactment of legislation as it relates to long-term treatment and the flexibility of treatment options.
 - e. The availability of Federal grants for substance abuse treatment.

What Works

- Providing sex offender and substance abuse treatment services to offenders prior to release.
- Following institutional treatment with aftercare in the community.
- Providing sufficient staff and resources to maintain certified treatment programs.
- Matching the offender with the substance abuse treatment level needed. Substance abuse treatment literature reiterates the efficacy of matching treatment need with treatment level. Over-treating is not effective and under-treating is not effective.
- Matching the level of sex offender treatment with the offender's need level. Several assessments indicate the level of treatment need. MOSOP has adopted the use of the most effective assessment tools to determine the level of need for sex offender treatment.
- Managing existing facility capacity efficiently and effectively.

Concerns

- Budgetary constraints.
- Ability to accurately match programs to offender's needs – i.e. screening tools.
- Space availability for treatment programs.
- Loss of Federal grant programs for substance abuse treatment.
- Availability of aftercare in the community.

Other Sources of Information

The 2001 Corrections Yearbook – Adult Corrections published by Criminal Justice Institute, Inc.

Bureau of Justice Statistics: Criminal Justice Institute, Inc. 213 Court Street, Suite 606, Middletown, CT 06457, www.cji-inc.com

Key Strategies

1. Establish a personalized Transition Accountability Plan (TAP) for all offenders.
2. Establish standardized criteria for termination from Institutional Treatment Centers (ITC) and modify program-tracking field to include entry of different reasons for termination.
3. House previously incarcerated offenders referred for treatment in a 120- day treatment program separately from court ordered offenders sentenced to their first incarceration.
4. Assess all sex offenders & identify any offenders who may benefit from treatment in the community, applying rigorous standards to ensure the safety of Missouri's citizens.
5. Increase coordination between substance abuse treatment and mental health treatment providers.
6. The Relapse Program for parole violators at Fulton Reception & Diagnostic Center (FRDC) should be fully supported and closely monitored.
7. A comprehensive strategy targeting Institutional Parole Officers (IPO), Parole Board, field officers and the Courts should be developed to enhance Institutional Treatment Center (ITC) bed utilization efficiency. Key to this effort is a validated substance abuse assessment process, so that clear guidance can be given on determining appropriate recommendations.

Glossary

Absconder = An absconder is an offender who deliberately avoids the supervision process and who makes themselves unavailable for active supervision. Absconders are classified as High Profile Absconders if they are a dangerous felon, sex offender or Community Release Center (CRC) escapee, have pending felonies, or present a high risk to staff or the community through past identifiable behavior.

Average Daily Population Rate (ADP) = The ADP rate is the change in the average daily population rate.

Alt-care = An intensive outpatient program designed for women who have demonstrated a need for substance abuse treatment and related supportive services. Female offenders who have completed the Institutional Treatment Center Program or Long Term Substance Abuse Program are a target population for this program as well as female offenders on community supervision who are in need of treatment.

Community Partnership for Restoration (CPR) = Intensive Supervision Program designed to serve the St. Louis City Courts to provide enhanced services to high need offenders.

DOC = Missouri Department of Corrections

Drug Courts = Drug Courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social services and treatment communities to actively and forcefully intervene and break the cycle of substance abuse addiction and crime, as an alternative to less effective strategies.

Free and Clean = An extensive aftercare program designed to serve as a follow-up for offenders who have successfully completed a 120-day Institutional Treatment Center or Long Term Substance Abuse Program. Free and Clean provides the immediate access the offender needs to community-based aftercare program. Offenders under community supervision are also eligible for this program.

GED = General Equivalency Diploma

Guideline Release Date = A release date indicated by a risk assessment score based on prior criminal history, offense, prior supervision and age on first offense.

ITC = An Institutional Treatment Center (ITC) is located at various Department of Corrections' facilities. This program is a highly structured treatment program, which focuses on substance abuse, relapse prevention, criminality and life skills. Release and treatment plans are developed prior to the program completion.

Law Violation = A violation of supervision by the commission of a new felony or misdemeanor. The offender does not have to be charged/or convicted of the new offense to receive a law violation of their supervision.

Long Term Substance Abuse Program = A therapeutic community treatment program, specifically developed for serious substance abusers.

New Law Violations = This has occurred when an offender is charged and convicted of a new offense, while being supervised for another offense.

OPII = OPII is the Department of Corrections' computer information system that was designed by merging OMIS (Offender Management Information System) and PAPIS (Probation & Parole Information System) into one system.

Opportunity to Succeed (OPTS) = OPTS is a program designed to serve felony probationers and parolees who are high need/high risk with identifiable substance abuse and mental illness problems. This program links substance abuse and mental health treatment with probation/parole supervision through a contracted case manager.

Outpatient Treatment = Outpatient is a level of treatment for either mental health or substance abuse through coordinated services, does not require overnight placement, and addresses each persons needs individually. Outpatient treatment monitors the individual's progress, goals, and outcomes for a specified period of time.

P & P = Division of Probation and Parole

Presumptive Release Date = The presumptive release date is the parole date calculated by the Institutional Parole Officer, per Board guidelines. The setting of a presumptive release date does not automatically entitle the offender to be released on that date. Release shall be dependent upon a finding by the Board that the offender has a continued record of good conduct, has satisfied the requirements of any mandated programs, and has an acceptable release plan. Changes in sentence time may result in a change in release date.

RE = Research & Evaluation Unit

Recidivism = The repeat of criminal behavior. The DOC measures recidivism as the return to prison within two years of release from prison. Other definitions include arrest or conviction. NOTE: Where the word recidivism is used in reference to probationers, it means revoked and sentenced to a prison term.

Revocation = The formal cessation of probation or parole. An offender on probation who is revoked will be sent to prison to serve time for their sentence, ending their opportunity for community supervision on probation. An offender on parole (meaning they were previously in prison and released to parole supervision in the community) who is revoked will be returned to prison. If the offender was on absconder status, the decision to revoke or continue with supervision may be made after the police have returned the offender to a DOC institution. Offenders being supervised in the community can be returned to prison to participate in a short term institutional treatment program without having their supervision revoked.

Risk/Needs Assessment = A quantitative assessment by the offender's supervising probation/parole officer. The assessment includes scores for prior criminal history (risk) and behavior (need), which includes substance abuse, employment status, and violation status.

SACA = Substance Abuse Classification Analysis. This analysis is a five point score indicating the severity of a substance abuse problem and the recommended level of treatment. The assessment is based upon an offender completed questionnaire, staff and officer reports, and other offender records.

Salient Factor Score = A risk based assessment of an offender's likelihood to re-offend following release. The assessment is based upon a scale developed by the US Parole Board in the 1970s and early 1980s. The Board of Probation and Parole is implementing a revised and expanded score. The new score adds new variables that measure prison behavior and the educational and vocational abilities of the offender to the prior criminal history variables of the original score.

SB763 = Senate Bill 763, from 1994, also known as "Missouri's truth in sentencing legislation." The bill defined seven dangerous felonies as offenses that required a prison term of 85% and made mandatory three levels of minimum percent terms for repeat offenders. The bill also created the long-term drug program, the offender under treatment program and the post-conviction drug treatment program.

TAP = Transition Accountability Plan (A written plan on each offender helping to ensure the offender's success in transitioning from prison to the community.)

Technical Violations = A violation of supervision other than the commission of a new felony or misdemeanor. These violations can range from failure to report for supervision to a positive drug test.

TREND = TREND is a program that serves post plea probationers who score high on risk or need score at the time of assignment or during supervision. Participants include the local DOC staff (Kansas City), Jackson County Criminal Court Division Circuit Judge, prosecuting attorney and area treatment providers.